

REGIONAL REPRESENTATIVE'S BOOKING FORM

**Contact
Name:** _____

Location: _____

Contact details - complete only if this is your first booking

Address: _____

Phone: _____

Email: _____

Preferred touring workshops

Please select from Program Booklet

Tour 1 - March and April

*Preferred
Workshop*

▪

▪

*Preferred
Dates*

1.

2.

3.

Tour 2 - September and October

*Preferred
Workshop*

1.

2.

*Preferred
Dates*

1.

2.

3.

Please note that Flying Arts will try to accommodate your preferences when at all possible. It helps us to schedule artists and arrange tours if you can give us a few preference options.

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