



School Visit Booking Form

I would like to request a visit from a member of the Bóthar team to talk about the families Bóthar assists.

School Name:

School Address:

Eircode:

Class:

Teacher's Name:

Contact Number:*

Email:*

Requested date for visit:

Requested time:

* **Please note:** Requested visits must be confirmed by Bóthar who will telephone you or email you upon receipt of this form.

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PLEASE RETURN THIS BOOKING FORM TO BÓTHAR.
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