Group Visits Enquiry Form

ARNOLFINI
EST. 1961

Group Details

School/Organisation:	
Address:	
Preferred date:	
Preferred time:	
Number of students:	
Number of teachers:	

Lead Contact Details

Name:	
Email/Phone:	

Engagement

Would you like a brief introduction to Arnolfini and the current exhibition?:	
Does anyone in your group require extra support engaging in the exhibition?: *This may include literacy and language, sensory processing, attention deficit, anxiety, mobility, visual or auditory impairment.*	

Please return this form to info@arnolfini.org.uk