

RESERVATION REQUEST FORM

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SCHOOL DETAILS

School's Name: _____

Principal's Name: _____

Activity In-charges' Name: _____

Kindergarten

Elementary/Primary

Senior/Secondary

Total No. of Students in School: _____

Telephone No: _____ Fax No: _____

E-Mail Address: _____

Would you like to receive regular updates on At the Top, Burj Khalifa? YES NO

VISIT DETAILS (For convenience of the kids, all school visits take place at 9:00am)

Visit to At the Top, Burj Khalifa

Preferred visit Date (1): _____ Time: 9:00am

Preferred visit Date (2): _____ Time: 9:00am

GROUP IN-CHARGE DETAILS

Name: _____

Designation: _____

Mobile No: _____

E-Mail Address: _____

Any Special Request: _____