



Book Nook Australia's Performing Arts Bookshop RECOMMENDATION REQUEST FORM

** Required Details*

CONTACT DETAILS

First Name * _____ Last Name * _____

Email Address * _____

Mobile Number _____ Work Number _____

School * _____

Work Address _____

Suburb * _____ State * _____ Postcode _____

CLASS / STUDENT GROUP DETAILS

Age /Grade of Students * _____ Gender mix of students * _____

Cast Size * _____ For Performance or for Study * _____

Performance Experience of Students * _____

Play Genre * _____

PLAY DETAILS

Desirable Issues *

Undesirable Content *

Favourite Play used for this level & why you enjoyed it *