

APPLICATION FOR TOUR OF WHYLANDRA WASTE AND RECYCLING CENTRE

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Application for school or community group tour of Whylandra Waste and Recycling Centre

Contact Name*

Contact number*

Email address*

Are you submitting this form on behalf of a business or organisation?*
□ Yes
□ No
Address line 1*
Address line 2
Suburb/City*
State*
(\$[Choose One]\$)
Postcode*
Name of School/Community Group*

Number of Students/Attendees*

Age Group of Students/Attendees*
☐ Kindergarten to Year 2
Years 3 to Year 6
Years 7 to Year 10
☐ Year 11 to Year 12
☐ Adult/Community Group
Are there any particular themes you are interested in?*
•
□ Landilling
☐ Land¦lling☐ Recycling/Resource Recovery
_
Recycling/Resource Recovery

Mandatory leld(s) marked with *

Name of Accompanying Teachers/Adults*

Submit

Last Edited: 24 Aug 2021