



Booking form - High Ropes, Team Swing, Skyline, Climbing Tower, Low Ropes, Cave.

Group /										
organisation										
Group leader										
Address				Invoice and add (if differ	dress					
Daytime telephone no.				Fax no.						
Mobile telephone no.				Email address						
Date(s) requested			I							
Arrival time				Depar	ture time					
No. of students			Age range of students		No. of s					
Name of trained staff member leading		ding group								
Any other information (wheelchair access, special needs, medical information)										
Facilities request	ed (plea	se tick wł	nere appropriate)							
Cave										
Climbing tower				Instru	nust possess a					
High ropes					site specific qualification					
Low ropes course	es									
Team swing				Skyline						
Base Room				Food / drinks						
Please enter you	r DCC C	ost Centi	re for internal cha	arging (if	applicabl	e)				
Signature					Date					
Please return this form to Lea Green within 2 weeks of the date of your enquiry. If we have not received your										

completed form within this time scale your enquiry details will automatically be removed from our system

Lea Green Learning and Development Centre, Main Road, Lea, Matlock, Derbyshire, DE4 5GJ Tel: 01629 534561 or email: leagreen.admin@derbyshire.gov.uk

FOR OFFICE USE ONLY:										
Dates offered		No of students				No of staff				
		CU Shee	et			MU Sheet				
Provisional costing:		CONFIRMATIC		DN Post						
	LETTER			Email						
Invoice No		Date			Amount					