



## **Booking form - Meadow Lodge**

Group / family /										
organisation										
Group leader										
Address					Invoice name and address (if different)					
Daytime telephone no.					Fax no.					
Mobile telephone no.					Email address					
Date(s) requested										
Arrival time					Departure time	Departure time				
No. of people				je range of oup		No. of s				
Catered					Self catered					
Lea Green activities Yes										
Brief description of the addition needs within the group										
Brief description of	of activ	ity								
programme requi	red	•								
(if applicable)										
Any other informa	ation									
Please enter your DCC Cost Centre for internal charging (if applicable)										
Signature						Date				
Please return this form to: Lea Green Learning and Development Centre, Main Road, Lea, Matlock, Derbyshire, DE4 5GJ Tol: 01620 534561 or omail: leagreen admin@derbyshire gov.uk										
Tel: 01629 534561 or email: leagreen.admin@derbyshire.gov.uk										

FOR OFFICE USE ONLY:												
Dates offered		No of students			No of staff							
Provisional costing:		CU Sheet			MU Sheet							
l remaind		CONFIRMATI	ON	Post								
		LETTER	E-mail									
Invoice No		Date			Amount							