



Residential course booking form

Group/ organisation										
Course organiser										
Group leader (attending the course)										
Address			Invoice nam and address (if different)							
Daytime telephone no.			Mobile telephone n	10.						
Email address			•							
Date(s) requested										
Arrival time			Departure	time						
No. of students Age range of students					No. of s	staff				
What are the aims and confidence, problem so 1.	• •	•	•	•		work, bu	illding			
2.										
Are there any activities the particularly like to include programme? Please list.										
Do you want the course to any other curriculum objective details.										
Any other information (e.g. wheelchair access, a needs, medical information										
Please enter your DCC	Cost Centre	for internal ch	arging (if app	olicable)					
Signature				Date						
Please return this form	to:				•					
Lea Green Learning and Development Centre, Main Road, Lea, Matlock, Derbyshire, DE4 5GJ Tel: 01629 534561 or email: leagreen.admin@derbyshire.gov.uk										
Tol. 01020 307001 of Chiali. leagicen.auminederbyshile.gov.uk										

	FOR OFFICE USE	ONLY:						
	Dates offered		No of students				No of staff	
Provisional costing:		CU Shee	et			MU Sheet		
		CONFIRMATION LETTER		ION	Post			
				E-mail				
	Invoice No		Date				Amount	