



Christmas Team Building Day - booking form

Group/ organisation								
Course organiser								
Group leader (attending the	e course)							
Address			Invoice name address (if different)	e and				
Daytime telephone no.			Mobile telept	none no.				
Email address				Numbe	r attending			
			Mon 11 th / T	/Ion 4 th / Tues 5 th / Wed 6 th / Thurs 7 th / Fri 8 th / /Ion 11 th / Tues 12 th / Wed 13 th				
What are the aims and lear confidence, problem solvin Are there any activities that particularly like to include ir programme? Please list.	g or developing pos			s – leaders	ship skills, teamw	ork, building		
Any other information (e.g. wheelchair access, ac needs, medical information								
Food/drink requirements ar	nd required							
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 Tel: 01629 534561 or email: leagreen.admin@derbyshire.gov.uk								

FOR OFFICE USE ONLY:										
Dates offered		No of adults	o of adults		f staff					
Provisional costing:		CU Sheet	MU Sheet							
		CONFIRMATION LETTER	Post							
			E-mail							
Invoice No		Date			Amount					

