

Provisional costing:

Invoice No



## Non-residential (day visit) course booking form

Group/ organisation	n					
Course organiser						
Group leader						
(attending the cour	se)		1			
Address			Invoice n			
				and address (if different)		
Daytime telephone no.				Mobile		
		telephone no.				
Email address						
Date(s) requested						
Arrival time			Doparti	uro timo		
		1		Departure time		
No. of students	ts Age stud		f	No. c	of staff	
What are the aims	and learning of	ojectives for yo	our course? (	Examples - tea	amwork, bui	lding
confidence, problem solving, developing positive attitudes or independence)						
1.						
2.						
Are there any activitie		d				
particularly like to inc programme? Please						
Do you want the cou		oot				
any other curriculum						
give details.	-					
Any other information						
(e.g. wheelchair acce needs, medical inforr						
Food/drink requireme	,	k				
timings for these:	•					
Please enter your I	DCC Cost Cent	tre for internal	charging (if a	applicable)		
Signature				Date		
Please return this f	orm to:					
Lea Green Learnin					erbyshire, D	E4 5GJ
Tel: 01629 534561	or email: leagr	een.admin@d	lerbyshire.go	v.uk		
FOR OFFICE USE	ONLY:				1	
Dates offered			No of		No of	
			students		staff	
			CU Sheet		MU Sheet	

CONFIRMATION

LETTER

Date

Post

E-mail

Amount