



Day Visit Booking Form

Group/ organ	isation									
Course organ	iser									
Group leader (attending the										
Address				Invoice nam and addres (if different)	-					
Daytime telep	hone no.			Mobile telephone n	0.					
Email address				•						
Date(s) reque	ested									
Arrival time				Departure time						
No. of studen	dents Age range of students				N	o. of staf	f			
What are the aims and learning objectives for your course? (Examples – teamwork, building confidence, problem solving, developing positive attitudes or independence)										
1.										
2.										
Are there any a particularly like programme? P	to include in									
Do you want the course to support/meet any other curriculum objectives? Please give details.										
Any other information (e.g. wheelchair access, additional needs, medical information)										
Food/drink requirements and required timings for these:										
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:										

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Dates offered		No of students				No of staff	
		CU Shee	ət			MU Sheet	
Provisional costing:		CONFIRMATIO		ION	Post		
					E-mail		
Invoice No		Date				Amount	