



## **Booking form - Meadow Lodge**

Group / fam									
organisation									
Group leade	er								
Address				Invoice name and address (if different)					
Email addre	ss								
Daytime				Mobile					
telephone no	ο.			telephone no.					
Date(s)									
requested									
Arrival time				Departure time					
No. of peopl	le		Age range of group		No. of (if appl				
Catered or s	self-ca	tered stay? (p		Catered OR Self-catered					
Do you want Lea Green Centre activities? (please circle)						Yes OR No			
Brief descrip	otion o	f the addition	al						
needs within	n the g	group							
Brief description of activity									
programme required / activities									
you would b		rested in							
(if applicable									
Any other in	ıforma	tion to tell us?							
Please enter your DCC Cost Centre for internal charging (if applicable)									
Signature					Date				
Please return this form to:									
			_						
Lea Green Le	earning	g and Developr	•	in Road, Lea, Matlo	ock, Derb	oyshire, DE4 5GJ			
Lea Green Le	earning	g and Developr	ment Centre, Ma een.admin@dert		ock, Derb	pyshire, DE4 5GJ			

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