



Team Building Day - booking form

Group/ organisation									
Course organiser									
Group leader (attending the course)									
Address		а	nvoice name and address if different)						
Daytime telephone no.		Mobile elephone no.							
Email address									
Date(s) requested									
Arrival time		Departure time							
Number attending			No. of staff						
What are the aims and learning objectives for your course? Examples – leadership skills, teamwork, building confidence, problem solving or developing positive attitudes. 1.									
2.									
Are there any activities that particularly like to include ir programme? Please list.									
Any other information (e.g. wheelchair access, ac needs, medical information									
Food/drink requirements ar	nd required								
Please enter your DCC (Cost Centre for in	nternal char	ging (if applica	able)					
Signature	Signature								
Please return this form to Lea Green Learning and Tel: 01629 534561 or en	Development Ce			latlock, D	erbys	shire, DE4 5GJ			
FOR OFFICE USE ONLY:									

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