



## Day visit course – Booking form

Group/ organisation								
Group leader								
Address			Invoice name and address (if different)	)				
Daytime telephone no.			Fax no.					
Mobile telephone no.			Email address					
Date(s) requested								
Arrival time		Departure time						
No. of students	Age range of students				No. of st	aff		
What are the aims and learning outcomes for your course? (Examples – teamwork, building confidence, problem solving, developing positive attitudes or independence)								
1.	· · · · · · · · · · · · · · · · · · ·	<i>,</i> 1						
2.								
Are there any activ particularly like to i programme? Pleas	nclude in your	t						
Do you want the co meet any other cur Please give details	riculum objectives	?						
Any other informat (e.g. wheelchair ac needs, medical info	cess, additional							
Food / Drink Requi Please include time								
Please enter your DCC Cost Centre for internal charging (if applicable)								
Signature	nature			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 s	tudents			No of staff						
		CU She	eet			MU Sheet						
Provisional costing:		CONFIRMATION LETTER		N	Post							
				E-mail								
Invoice No		Date			Amo	unt						