

# Booking Form

Name of organising teacher: \_\_\_\_\_

School: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Tel no: \_\_\_\_\_

Email: \_\_\_\_\_

School/teacher mobile number: \_\_\_\_\_  
(for use only on the day of the visit)

Year group: \_\_\_\_\_ Age range: \_\_\_\_\_

Special needs: \_\_\_\_\_  
(Disabilities etc)

Visit dates requested:

(1) \_\_\_\_\_ No of pupils: \_\_\_\_\_ No of adults: \_\_\_\_\_

(2) \_\_\_\_\_ No of pupils: \_\_\_\_\_ No of adults: \_\_\_\_\_

(3) \_\_\_\_\_ No of pupils: \_\_\_\_\_ No of adults: \_\_\_\_\_

Indicate any relevant pre-visit classwork or planned follow up:

\_\_\_\_\_  
\_\_\_\_\_

What are your learning objectives for the visit?

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

**Please return the completed form to the above address**