 **SCHOOLS** **BOOKING FORM**

It is essential that you contact us to confirm your required date is available

Name of School: ………………………………………………………………………………………………

Address: …………………..…………………………………………………………………………………..

…………………………………………………………………………………………………………………

 Contact Name: ……………………..………………………..Visit Date: ……………………………………

 Telephone: …………...……..……..…………. Email: ……………………………………………………….

 Number of Children: ………………… Ages: …….……………Number of Adults: ………………………….

 Arrival time: ………….……………………………… Departure time: ………………………………….…..

 Special needs or requirements: …………………………………………………………………………………

 ***Organiser’s signature:…………………………………..……………… Date: ……………………………***

Please allow approximately 2 hours for your visit. Please inform us if you are running late on your visit day.

Cost: Children £3 per head. Teachers/adults £3 per head (cheque/cash on day of visit only)