

# THE GATTON TRUST BOOKING FORM

Name of school/organisation:.....

Address: .....

.....

.....

.....

Tel: .....

Fax: .....

email: .....

Name of visiting teachers:.....

Person to receive invoice: .....

Date of Visit:.....

Number of children/students\*: .....

Age/Year group :.....

Number of teachers: .....

Number of additional adults: .....

Estimated arrival time: .....

Departure time:.....

Programme/activities booked: .....

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**\*You will be charged for the number of children for whom you have booked. There will be no deduction if you bring fewer children. You will however be charged for additional children.**

Are there any specific National Curriculum areas you would like to cover?.....  
.....  
.....

Please give details of relevant pre- and post-visit work:  
.....  
.....  
.....

Is there any other information we should know about you, your group or your visit?.....  
.....  
.....

Whilst the Gatton Trust takes all reasonable steps to ensure the safety and enjoyment of students visiting Gatton Park, it does not accept responsibility or liability for the same. The involvement of Gatton Trust staff does not in any way remove the need for proper care and supervision to be provided by the school/organisation named above which must, at all times, bear primary responsibility.

**I confirm that I have read the Gatton Trust Health and Safety notes for group leaders and understand that these are issued for guidance only.**

Signature:..... Date:.....  
Name:.....