

BOOKING FORM



Contact details	
School Name	
Teacher Contact Name	
School Address	
Phone	Landline:
	Mobile:
Email	
<input type="checkbox"/>	Please tick this box if you are happy to be emailed with news & updates.
By ticking this box I agree to the SS Freshspring Society holding my personal data and agree to them using it only to communicate with me for the stated purposes. I understand they will hold it securely and not share it with any other organisation. I have the right to know what data is being held and to withdraw my consent at any time.	
Booking details	
Date of visit	
Rate	
Time of visit	
Number of pupils	
Number of adults	
Age of pupils	
Relevant topic	
Additional comments	



LOTTERY FUNDED