

# Life Skills Tour Booking Form

## Contact Details

Contact Name: .....  
Organisation Name: .....  
Full Address: .....  
.....  
Postcode: .....  
Phone Number: .....  
Email Address: .....

## Invoice Address

*Leave blank if same as Contact Details*

Contact Name: .....  
Organisation Name: .....  
Full Address: .....  
.....  
Postcode: .....

## Visit Details

Date: .....  
Time: .....  
Number of Students: .....  
Number of Teachers: .....  
Year Group: .....

How are you arriving?

Coach       Bus       Train       Walking

## Additional Workshops

Alcohol & Drugs Awareness  
 Internet Safety

## Health & Safety

If any visitors require wheelchair access, please let us know how many? .....

Do any members of the group suffer from:

Motion Sickness

Photosensitive epilepsy

Specific Phobias. If so please state .....

The Life Skills Tours address a range of difficult topics, please let us know if any of the children need extra support or consideration:

Please provide details if any of the students have special educational needs:

## How did you find out about the Life Skills Tours?

Website

Facebook

Twitter

Google

School Mailing

Booked Before

Word of mouth

Another School

**I have read and understood the Terms and Conditions**