



LONGSHAW
MOORLAND DISCOVERY CENTRE

RETURN BOOKING FORM

Please read the following form carefully, fill in fully and returned prior to your visit. Your visit is not confirmed until you return this form.

Name of the group: _____

Name of Leader on Day: _____

Program Title: _____

Number and age of pupils: _____ Number of Adults: _____

Date of visit: _____ Time of visit: from _____ until _____

How many children in the group are from the following ethnic categories:

White: British Irish Any other please write in

Mixed: White and Black Caribbean

White and Black African

White and Asian Any other please write in

Asian or Asian British: Indian Bangladeshi

Pakistani Any other please write in

Black or Black British: Caribbean

African Any other please write in

Chinese or other ethnic group: Chinese Other please write in

Please inform us of any students with medical/special needs which we may need to be aware of during the day.

