



Southwell Minster  
Schools Year 6 Days 2010

Booking Form

School Name \_\_\_\_\_

Address \_\_\_\_\_

Contact Name \_\_\_\_\_

Telephone number \_\_\_\_\_ Email \_\_\_\_\_

**Please indicate dates in order of preference with 1, 2, 3,**

Monday 5<sup>th</sup> July 2010

Tuesday 6<sup>th</sup> July 2010

Wednesday 7<sup>th</sup> July 2010  ***N.B. Disabled access to drama on this day only***

Friday 9<sup>th</sup> July 2010

**Number of pupils** \_\_\_\_\_ **Number of wheelchairs** \_\_\_\_\_

**Any Special Educational Needs** (*please specify any we need to take into account when planning the day*)

**£15 deposit enclosed**  **Cheques payable to Southwell Cathedral Chapter**

Please **photocopy this form**, keeping copy for your records and returning original to us with your deposit.