

Activity Start Date

Activity Days - number

Booking Form

University Level Activity Day

	Student	Staff	Day Total	Total
Number				
Charge-£		0		

Make sure you have the correct booking form.
Each form is activity specific.
See the "Univeristy Course Activity Day" web page.

INSTITUTION DETAILS	
Institute Name	<input style="width: 75%;" type="text"/>
Address 1	<input style="width: 75%;" type="text"/>
Address 2	<input style="width: 75%;" type="text"/>
Town	<input style="width: 75%;" type="text"/>
County	<input style="width: 75%;" type="text"/>
Post Code	<input style="width: 75%;" type="text"/>
Telephone	<input style="width: 75%;" type="text"/>
e-mail	<input style="width: 75%;" type="text"/>

PRINCIPAL CONTACT/ORGANISER DETAILS	
Title	<input style="width: 75%;" type="text"/>
First Name	<input style="width: 75%;" type="text"/>
Surname	<input style="width: 75%;" type="text"/>
Position	<input style="width: 75%;" type="text"/>
Tel (home)	<input style="width: 75%;" type="text"/>
Tel (mobile)	<input style="width: 75%;" type="text"/>
e-mail (school)	<input style="width: 75%;" type="text"/>
e-mail (other)	<input style="width: 75%;" type="text"/>

Typical Activity Day	
Code	Activity
GW1/ GW5	Investigating the structure & engineering Geology of Ecton Hill/Salt's Level tour
OR	
CW1/ CW2	Tour of Ecton Hill & mineral collection Salts Level Tour
AND/OR	
What would you like to get out of a visit?	
<input style="width: 100%; height: 20px;" type="text"/>	

Make sure you have the correct form!!

Please complete the fields above and "save" the form with the Institution Name in the File name

OR

"save" the form with the Institution Name, complete the fields and "save" again.

Attach the completed form to an e-mail and send to:

SWilkin799@aol.com

Purchase Order No

Boxes below for administrative purposes only

Application Date

Tutor 1

AB	AJ	DL	DR	GN	JC
MM	MS	OC	PK	PL	PR
RC	RT	SD	TC	WW	

Ecton Hill Field Studies Association
 c/o Martin McCann, Treasurer
 4 West End
 Pentworthham
 Preston
 PR1 0JD
 Tel: 01772 744556

INVOICE

University Level Activity Day

Invoice Date

Please complete, save, print this page and send it to your Finance Department/Bursar

Institute Name		Staff member placing order/organiser	
Address 1		Title	
Address 2		First Name	
Town		Surname	
County		Position	
Post Code		Department	
Departmental authorisation:			

Invoice Details

Visit by students to Ecton Hill Educational Centre

Activity date <input style="width: 150px;" type="text"/>	Total cost £ <input style="width: 150px;" type="text"/>
Purchase Order No <input style="width: 150px;" type="text"/>	

Total amount payable on presentation.
 Visit will not be confirmed until payment cleared.
 7 full calendar days required for cancellation/change.

Payment by cheque to address above

OR

BACS: GB54 MIDL 40431471384767
 BIC: MIDLGB2157H
 Account: EHFSA
 Account No: 713 84767
 Sort Code: 40-43-14
 Bank: HSBC

Any questions contact: SWilkin799@aol.com 01732 456997