

Activity Date

Booking Form**A Level Chemistry
Activity Day**

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

	Student	Adults	Staff	Total
Number				
Charge/£			0	

INSTITUTION DETAILS	
Institute Name	
Address 1	
Address 2	
Town	
County	
Post Code	
Telephone	
e-mail	

PRINCIPAL CONTACT/ORGANISER DETAILS	
Title	
First Name	
Surname	
Position	
Tel (home)	
Tel (mobile)	
e-mail (school)	
e-mail (other)	

Typical Chemistry Activity Day		
Code	Activity	Time (m)
CW1	Salt's Level tour	90
CW2	Tour of Ecton Hill & mineral collection	120
CW3	Student Practical	90
#	Extension	
# Extension to be arranged with allocated Tutor		

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

Invoice Number

Boxes below for administrative purposes only

Application Date

Tutor 1

AJ	DL	DR	GN	MS	OC
PL	PR	RT	SD	TC	SR
WW					

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

INVOICE

A Level Chemistry Activity Day

Invoice Date

Invoice Number

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

Institute Name	<input type="text"/>	Staff member placing order/organiser	
Address 1	<input type="text"/>	Title	<input type="text"/>
Address 2	<input type="text"/>	First Name	<input type="text"/>
Town	<input type="text"/>	Surname	<input type="text"/>
County	<input type="text"/>	Position	<input type="text"/>
Post Code	<input type="text"/>	Department	<input type="text"/>
Departmental authorisation:	<input type="text"/>		

Invoice Details

Visit by students to Ecton Hill Educational Centre

Activity date

Total cost

£

Purchase Order No

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: EHFS
 Account No: 713 84767
 Sort Code: 40-43-14
 Bank: HSBC

Any questions contact: SWilkin799@aol.com 01732 456997