

Please keep a copy of this form for your records.

## **BOOKING FORM 2020/2021**

## **Further Education & Horticulture College visit**

To request an education visit please contact the Learning Office to check availability. Then **complete ALL sections below** and email to <u>education@botanic.cam.ac.uk</u>. Please book early to secure your preferred date; no less than **1 week in advance** for Type C visit and at least **4 weeks in advance** for Type A-

*College Name:				
*Address:				
*Postcode:			*Tel	ephone:
*Lead Tutor:	*Name:			
	*Mobile:			
	*Email:			
*Day & Date of visit:	(Day)	(DD/MM/YYY)		
*Time of visit: (Garden opens 10am)	Start:			Finish:
*Number of Students:	16-18 yrs:	18yrs +:		Any special requirements:
*Number of staff: 16-18 yrs – Min ratio 1:10				
Visit Type A/B/C:				
*Course being studied:				
*Purpose of visit:				
Office use: GC:	G/L: S/S:	: S D/B:	INV:	EdO: R:
<b>NOTES:</b> It is recommended that Tutors of pre-visit meeting can be arranged				pefore the visit. If you are unfamiliar with the Garden time and is free of charge.
TYPE A – Outdoor assisted visit with a Learning Officer. These take place between the core hours of 10am and 2pm.				
TYPE B - Self-led visit with use of Garden Room for up to 72 students between the hours of 10am and 3pm with use of the Garden Room.				
TYPE C - Self-led visit without use of Garden Room				
Your booking will be confirmed by the Learning Office by email on receipt of this form. If required, an invoice will be issued at the time of booking confirmation and must be paid within 4 weeks of receipt. Please sign the disclaimer below to confirm your booking request.				
I have read and understood the information above. I agree to abide by the Garden's Guidance Notes for Educational visits. I agree to pass the information in the Guidance Notes & Rules of Admission to the group.				
Signed:		(Lead Tutor)	Date:	
education@botanic.cam.ac.u	<u>ık</u> 01223	331875	Cambridge	e University Botanic Garden, 1 Brookside, CB2 1JI