**Group Booking Form**

Please complete and return to: margaret.findlay@edinburgh.gov.uk

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| --- | --- |
| **Name of contact:**  |  |
| **Name and address of group:**  |  |
| **Emergency contact number (mobile numbers preferred):**  |  |
| **Contact email address:**  |  |
| **Venue (one per form, please)** |  |
| **Total number of people in party, and ratio of students to helpers (if applicable):**  |  |
| **Preferred date and time of visit (please list three preferences)***Please refer to attached sheet for venue opening times* |  |
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| **Any special requirements:**  |  |