

## **BOOKING FORM 2023/2024**

## **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 <a href="mailto:education@botanic.cam.ac.uk">education@botanic.cam.ac.uk</a>. 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 or B visit.

<u>education@botanic.cam.ac.uk</u> 01223 331875 Cambridge University Botanic Garden, 1 Brookside, Cambridge CB2 1JE Please keep a copy of this form for your records.

*College Name:				
*Address:				
*Postcode:				Telephone:
*Lead Tutor:	Name:			
	Mobile:			
	Email:			
*Day & Date of visit:	(Day)	(Day ) (DD/MM/YYYY)		
*Time of visit: (Garden opens 10am)	Start:	Finish:		Garden entrance: Brookside or Station Road
*Number of Students: 16-18y – Min ratio 1:10	16-17y:	17-18y:	18y +:	Any special requirements:
*Number of staff:				
*Visit Type A/B/C:				
*Course/qualification being studied				
*Purpose of visit:				
Office use:	OC:	G/L:	S/S:	S D/B: INV: EdO: R:
		•	-	g Office before the visit. If you are unfamiliar with the Garden and the convenient time and is free of charge.
	se of Garden	Room for up to	72 students	reen the core hours of 10am and 2pm <i>charges apply</i> s maximum between the hours of 10am and 3pm with use of
				of this form. If required, an invoice will be issued at the time of ign the disclaimer below to confirm your booking request.
I have read and understood the pass the information in the Gui				he Garden's Guidance Notes for Educational visits. I agree to group.
Signed:		(Lead Tuto	or)	Date: