

APPLICATION FOR GROUP VISIT TO WOOLSTON EYES SSSI

Name of Group.....

Date and time of proposed visit.....

Arriving at.....for the morning/afternoon/evening/all day (please delete)

Second choice of date (see notes)

Number expected to be in party

Name and address of Group contact

.....
.....
.....

Telephone.....

Name and address of trip leader if different from above

.....
.....

Telephone.....

Are any of your party WECG Permit holders? Yes/No

I enclose a Cheque/P.O. for £20.00, payable to W.E.C.G., as our non-refundable deposit.

Signed

Please return this form to Mrs. Rosalind martin, 45 Albert Road, Grappenhall, Warrington, WA4 2PF. Enclosing an SAE for the return of our confirmation and visit pack.

Deposit received Booking confirmed