ENGLISH HERITAGE

Conisbrough Castle
Education Visit Booking Confirmation Form AP09

Date of Visit:	Arrival Time:	Departure Time:

School/College Name:	
School/College Address:	
Post Code:	
Telephone:	
Fax:	
Contact Name:	

Subject Area:

History	☐	Art	☐
Geography	☐	Religion	☐
English	☐	Archaeology	☐
Maths	☐	Citizenship	☐
Science	☐	Heritage/Tourism	☐
Design	☐	Other (Please Specify)	☐

Pupil's/Student's Age / Year:		
Numbers:	Pupils/Students:	
	Teachers:	
	NTA/LSA:	
	Adult Helpers:	
Type of Visit:	Discovery Visit	☐
	Free (No Services)	☐
Allocated Keep Time(s):		
Allocated Bailey Time(s):		

Group Leader

Name:	
Position:	
Daytime Tel:	
Fax:	
Email:	
Mobile:	

Please specify any special needs or requirements:

Signature of Group Leader or Head Teacher:	**Date:**

Please return this document either by Fax, Post or in person to:
Conisbrough Castle and Visitor Centre
Castle Hill, Conisbrough, Doncaster.
South Yorkshire. DN12 3BU

Telephone: **01709 863329** Fax: **01709 866773**
E-mail address: **conisbrough.castle@english-heritage.org.uk**
Website: **www.english-heritage.org.uk** & **www.conisbroughcastle.org.uk**

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