

## School/Group Visit Planning

School/Organisation name & add			
Head of School/Organisation:			
School/Organisation phone:			
School/Organisation email:			
Contact name for this visit:			
Contact mobile number for this	visit:		
Contact email:			
Contact role:			
Have you visited before? (delete as	s necessary) No / Y	'es	
Visit type: please state either 'gu			•
Main purpose of visit:			
Proposed date and time:			
Total length of time planned for	the visit:		,,,,
Alternate date and time:			
How many under 18s in the grou	p?		
What year group is visiting?			
Number of adults:			
Will the group need to be split?	(delete as necessary)	No / Yes	
If yes, give details of split: (How m	nany groups, size of gro	ups and how many adults with	n each group)
Special needs? Does anyone in the g		ning or access needs that we	should be aware of?
(delete as necessary) No /	Yes		
If yes, please give details:			•••••
Any further information that wo	uld help us with arra	nging your visit:	
			•••••

Please email your completed form to Anne Cottingham at: schoolvisits@cromer-church.org.uk