

# SCHOOL / GROUP VISIT Request

Name and address of School/Organisation		
Name and contact for person making the Booking Enquiry		
Name and contact details person making payment	<b>School or Trust to Invoice:</b>  Contact Name: Email: Mobile: <b>PO Number:</b>	
Name and contact details for Group Leader on the day.	Name: Email:  Mobile:	
Requested Date for visit and approximate arrival and leaving times <i>(Fossil walks are subject to tide times).</i>	Date:	Arrival time:  Leaving Time:
Number of pupils/students		
Year/ Age Range of pupils/students		
Number of Staff & Volunteers	Staff	Volunteers/Helpers
Type of activity required	Fossil walk and talk: Mary Anning walk and talk: Rock Pool Walks:	
Have your group visited LRM before?	If yes, please tell us when you visited/ If no, what has prompted this visit?	
How did you hear about us?	Website / Social Media/ Printed Leaflet /Poster  Word of mouth Other	
Any particular area of interest or additional information you think we should know?		

PLEASE COMPLETE AND RETURN TO: [Learning@lymeregismuseum.co.uk](mailto:Learning@lymeregismuseum.co.uk)

Lyme Regis Museum, Bridge Street, Lyme Regis DT7 3QA. T: 01297 443370