



Form B3

NOTHE FORT WEYMOUTH EVACUEE EXPERIENCE VISITS

To be completed and returned to address above

Name of School/Organisation

Address.....
.....
..... Post Code.....

Telephone No.....E-mail.....

Name of person in charge.....

Date(s) and time(s) of visit.....

Number of Pupils @ £3.50 per Pupil.... ..

Age of children.....

Number of staff / group leaders (free entry)..... ..

I/ We confirm I/we have read the Guidance Notes and will abide by the requirements set out in these Notes

Signed

Name in capitals

Position

Date.....