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| --- |
| **ESCAPELINE BOOKING FORM** |
| **School/College Name** |  | **School/College Address**  |  |
| **School/College Named Contact** |  | **Email****Phone** |  |
|  |  |  |  |
| **EDUCATIONAL TRAINING** |
| **Assembly****Classroom Workshop****Targeted Group Work** |[ ]  Year groups and any additional comments: |
|  |[ ]   |
|  |[ ]   |
| **PROFESSIONAL TRAINING** |
| **1 hr****2 hrs****Full day** |[ ]  Comments: |
|  |[ ]   |
|  |[ ]   |

\*\*For Escapeline to complete\*\*

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Training**  |  |  |  |
| **Booking Details** |  |
| **Facilitator** |  |
| **Facilitators Email** |  |