

APPLICATION FOR GROUP VISIT TO WOOLSTON EYES SSSI

Name of Group.....

Date and time of proposed visit.....

Arriving at.....for the morning/ afternoon/evening/ all day (please delete)

Second choice of date (see notes).....

Number expected to be in party.....

Name and address of Group contact.....

.....

Telephone.....

Name and address of trip leader if different from above.....

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Telephone.....

Do you require a WECG Warden to accompany your visit? yes/no

Are any of your party WECG permit holders? yes/no

What parts of the Reserve are you planning to visit?

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I enclose a Cheque/P.O. for £20, payable to W.E.C.G., as our non-refundable deposit.

Signed.....

Please return this form to Mrs. Rosalind Martin, 45, Albert Road, Grappenhall, Warrington, Cheshire, WA4 2PF, enclosing an SAE for our confirmation.

Deposit received..... Booking confirmed.....

Warden required.....