Cycle recycle Workshop booking form

Please complete and return to Martin Heald mheald@activelancashire.org.uk, who will be in touch regarding the booking

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| 1. Company / Housing Association
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| 1. Contact
 |
| Name:  |
| Email:  |
| Number: |

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| 1. Where will the workshop take place?
 |
| Address:  |
|  |
| Postcode: |

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| 1. How will the workshop run? Please put a **X** next to the one you choose
 |
| Over one full day: Total 9 hours  |
| Over two half days (recommend) |
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| 1. What date / days would you like the workshop to run?
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| Dates/days: |

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| 1. Will the workshop be closed to just MPT participants?

Please put a **X** next to the one you choose |
| Yes  |
| No  |