Cycle recycle Workshop booking form

Please complete and return to Martin Heald [mheald@activelancashire.org.uk](mailto: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? |
| 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 |