

BOOKING FORM

JNF WALTER SISULU ENVIRONMENTAL EDUCATION CENTRE

Please book one month in advance

Name of school: _____

Postal address: _____

_____ (Postal Code)

Telephone: _____ Fax: _____

E-mail: _____

Please book the following visit(s) for the year :

Grade	No of learners	Teacher(s)	Date	Programme
Example				
Grade 5	42	Mr J. Sithole Miss S. Mphela	7 March	How healthy are our rivers?

Special request Information:

Contact Teacher (please print): _____

Signed: _____ (Member of SMT)

.....
For Official Use only

Date received: _____

Comments: _____

Noted by: _____