

|  |  |
| --- | --- |
| **Pre 16 Guided Campus Visit Booking Form – 2019/20** | |
|  | |
| **School Name and Address (including postcode)** |  |
| **Contact Name** |  |
| **Email Address** |  |
| **Contact Number (to be used on the day of visit)** |  |
| **Year Group Attending and number of pupils** |  |
| **Number of Teachers Attending** |  |
| **First Choice Date** |  |
| **Second Choice Date** |  |
| **Additional Information** |  |

Read our [privacy notice for participants in pre-university events and initiatives](http://documents.manchester.ac.uk/display.aspx?DocID=37247)