

Norwich Hebrew Congregation.

Office use only

Sent:

Returned:

Visit confirmed.

Synagogue visit booking form.

Please complete in block capitals

Name and address of school, parish or organisation:

Name of contact: _____

Telephone Number: _____ Email _____

Proposed date and time of visit: _____

Number in party:

Schools _____ children _____ adults.

Other _____

School parties only-please indicate year 3 4 5 6 other _____

Is this part of the GCSE course? Yes/No. If yes please indicate:

R.E.Syllabus(Norfolk Agreed Syllabus) /Other _____

Philosophy of religions _____ Other _____

Is wheelchair access required _____

Please return this form within fourteen days to George Willson, 32, Lady Mary Road, Norwich, NR1 2RB Tele: 01603 616129. If the form is not returned within that period of time it will be assumed that you no longer wish to attend.