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| --- | --- | --- | --- | --- | --- | --- |
| Text  Description automatically generated | **GCSE RE Conference 2025**  Booking Form | | | | | |
| **Contact Name**  *(Primary Contact)* |  | | | | | |
| **Contact Email** |  | | | | | |
| **Are you happy for us to contact you about education activities via email?** | | | | | Yes/No | |
| **Contact Phone** |  | | | | | |
| **School Name** |  | | | | | |
| **School Address** |  | | | | | |
| **Number of students** |  | | *Please note schools are initially limited to 60 students to allow for more schools to attend.* | | | |
| **Year Groups** | Year 9 |  | Year 10 |  | Year 11 |  |
| **Num of Accompanying Staff** |  | | **Approx Number of PP students** | |  | |
| **Educational Needs** |  | | | | | |
| **Additional Information or questions**  *Include here additional tickets above 60 if availability allows* |  | | | | | |
| **Invoice Details** | Should the Invoice be sent to the above contact? | | | | Yes/No | |
| ***If No please complete the following:*** | | | | | | |
| **Invoice Contact Name** |  | | **Contact Phone** | |  | |
| **Invoice Contact email** |  | | | | | |

*Please complete and return by email to* [*schools@worcestercathedral.org.uk*](mailto:schools@worcestercathedral.org.uk)

*Schools will be invoiced at least two weeks prior to the Conference and payment is required to attend.*