

**SCHOOL VISIT TO COLNE VALLEY MUSEUM  
BOOKING FORM**

**SCHOOL.....**

**NUMBER AND AGE OF CHILDREN.....**

**NAME OF TEACHER IN CHARGE.....**

**TELEPHONE NO.....**

**EMAIL ADDRESS.....**

**DAYS/DATES PREFERRED.....**

.....

**DATE OF INTENDED PREP. MEETING.....**

**(Usually the first Monday evening of each half term—please check)**

**Email us: [schools@colnevalleymuseum.org.uk](mailto:schools@colnevalleymuseum.org.uk)**

**Or contact Sue Starr or Sheila Osborn on 01484 659762**

**Or send to: The Education Co-ordinator  
Colne Valley Museum  
Cliffe Ash  
Golcar  
Huddersfield  
HD7 4PY**

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