

LANDFILL TOUR

CHECKLIST FOR SCHOOLS

NAME OF SCHOOL: _____

CONTACT: _____

CONTACT DETAILS: _____

PROJECT (i.e.: Landfill): _____

NUMBER OF CLASSES: _____

NUMBER OF PUPILS: _____

ADULT : CHILD RATIO 1:6 CONFIRMED YES
NO

TRANSPORT BUS/MINIBUS CONFIRMED YES
NO

BUS COMPANY : _____

DATE OF TOUR: _____

ARRIVAL TIME: _____

-----For office use only-----

SAFETY INSTRUCTIONS GIVEN (i.e.: covered shoes etc.)

DATE BOOKING TAKEN /...../.....

CONFIRMED WITH MANAGEMENT AND KIOSK