



CLIMBING WALL PARTY BOOKING FORM

PARTY DATE DAY SATURDAY or SUNDAY

Deposit of £60 paid on _____ Staff initial _____

PARTY TIME BETWEEN 11:00am – 4:00pm Additional Info _____

Please state time: _____

NAME.....

ADDRESS.....

.....

POSTCODE.....

CONTACT NUMBER.....

“CUSTOMER NOTICE” – Please inform your instructor if you are taking any prescribed medication, or have a medical condition that could affect your ability to exercise.

SIGNATURE..... DATE.....

CLIMBING WALL PARTY BOOKING FORM THE HEALTH AND FITNESS CENTRE

PARTY DATE..... DAY SATURDAY or SUNDAY

PARTY TIME BETWEEN 11:00AM-4:00PM Please state time: _____

Deposit of £60 paid on Staff Initial.....