



GROUP SIGNING IN FORM

DAY / DATE: TIME: CONTACT NAME:

NAME OF GROUP:

GROUP / INVOICE ADDRESS:

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CONTACT PHONE NO.:dayeve.

- *Please note overleaf any medical information you wish to be noted by staff.*
- *In the interests of safety group leaders are politely requested to remain on the centre premises whilst their group are climbing.*

NAME OF GROUP MEMBERS	CHARGE PER HEAD
1.	£
2.	£
3.	£
4.	£
5.	£
6.	£
7.	£
8.	£
SUBTOTAL	£
OTHER ITEMS	£
INSTRUCTOR/S	£
TOTAL	£
LESS DEPOSIT	£
TOTAL PAYABLE	£
PAID / INVOICE	

NAME/S OF INSTRUCTOR/S:

INSTRUCTOR/S VALID UNTIL:

APPROVED BY CENTRE STAFF: DATE:

COMPLETE ALL PARTS