CLIMBING WALL PARTY BOOKING FORM

PARTY DATE …….. DAY SATURDAY

Deposit of £60 paid on _____ Staff initial_____

PARTY TIME WALL 3:00pm – 4:30pm Additional Info_____

STUDIO 4:30pm – 5:30pm _____

_____

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.

SIGNITURE……..... DATE…….....

CLIMBING WALL PARTY BOOKING FORM
THE HEALTH AND FITNESS CENTRE

PARTY DATE……. DAY SATURDAY

PARTY TIME 3:00pm – 4:30pm

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