

ROPE RACE CLIMBING CENTRE GROUP FORM

Acc No:

All details must be completed and signed

Date :

GROUP NAME

GROUP LEADER.....

GROUP ADDRESS

.....POST CODE

PHONE NUMBER MOBILE

INSTRUCTORS NAME

INSTRUCTORS QUALIFICATIONS

**I AM WILLING TO TAKE FULL RESPONSIBILITY OF THE ABOVE
NAMED GROUP WHILST AT ROPE RACE CLIMBING CENTRE.
I HAVE READ AND UNDERSTAND THE CONDITIONS OF USE**

SIGNATURE DATE

TICK THIS BOX IF TO BE INVOICED

ORDER NUMBER

TICK RELEVANT BOX

INDOOR CLIMBING

ARCHERY

CANOEING/KAYAKING

TEAM BUILDING

OUTDOOR CLIMBING

RAFT BUILDING

CAVING

BIRTHDAY PARTY

TOTAL NUMBER OF PARTICIPANTS

DURATION OF ACTIVITY (*If provided by Rope Race*)

HRS

NUMBER OF INSTRUCTORS (*If provided by Rope Race*)

TOTAL COST: £

	NAME IN FULL		NAME IN FULL
1		16	
2		17	
3		18	
4		19	
5		20	
6		21	
7		22	
8		23	
9		24	
10		25	
11		26	
12		27	
13		28	
14		29	
15		30	