



STRATFORD-ON-AVON GLIDING CLUB LTD



TRIAL LESSON EVENING BOOKING FORM

Details of Group: (Please use block capitals throughout)

Name of Group:

Leader:

Phone Numbers:

Address:

(We may need to contact you at short notice!)

City:

Email Addresses:

County:

Post Code:

Country (If not UK):

Have you visited Stratford On Avon Gliding Club before? Yes / No / Current Member (M/No:)

How did you hear about us? (Advert (where?), Friends, Colleagues, Passing by, Web site, etc)

Details :

Date of Trial Lesson Evening (day, date): (Evenings can only be booked for Tuesdays, Wednesdays and Thursdays from Late May through August)

Alternative Dates:

Number in Group:

Deposit Enclosed: (Please make cheques payable to 'SOAGC')

For Admin Use:

Confirmation issued: Issued By: Date:

Details entered on Glidex: Entered By: Date:

Team Leader Informed: Name: Date:

Evening Completed: Flights: Date: