

Home Copy	
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Paid	

WAVE SEASON BOOKING FORM 2008

Date:

Name:

Address:

Tel. No: Home:

Work:

Gliding Club:

I would like to reserve space for:

..... glider(s) for week(s) commencing Sunday/...../ 2008

..... glider(s) for week(s) commencing Sunday/...../ 2008

..... glider(s) for week(s) commencing Sunday/...../ 2008

	1	2	3	4	5	6	7	8
Glider Type:								
Glider Identification:								
Pilots' R/T Licence No:								

In line with changing medical requirements DGC will require all visiting pilots to sign a medical declaration that they meet the necessary fitness standards and we advise solo pilots to bring their gliding medical certificate should they be required to hold one.

Signature:

When completed, please forward this form to:

Mary-Rose Smith
 East Neuk,
 Netherley,
 Stonehaven,
 Kincardineshire,
 AB39 3RB.

Tel: 01569 730687