

Purchase Number



Date Of Activity

Day Of Activity

Group Booking Form

VOUCHER PAID INVOICE

Party Refresher Taster School
(Please circle)

Please complete the form in BLOCK CAPITALS

Group Name _____ Age Group _____

Contact Group _____ Contact Number _____

Address _____

Postcode _____

Start time _____ Finish time _____ Duration _____

Total number of climbers	Price Per Person	£10 (1 HOUR)	<input type="checkbox"/>
		£12.50 (1.5 HOURS)	<input type="checkbox"/>
		£15 (2 HOURS)	<input type="checkbox"/>
		OTHER	<input type="checkbox"/>

CLIMBING TOTAL

Total number having food	Price Per Person	NO FOOD	<input type="checkbox"/>
		£5 (CATERED)	<input type="checkbox"/>
		£1 (OWN FOOD)	<input type="checkbox"/>

FOOD TOTAL

OVERALL TOTAL

BOOKING IS NOT ACCEPTED UNTIL A DEPOSIT IS PAID

Deposit paid (£50) Yes No

Full amount paid Yes No

Amount left to pay

Booking and deposit taken by

Staff Name	Date
<input type="text"/>	<input type="text"/>

Payment taken by / invoiced by

Staff Name	Date
<input type="text"/>	<input type="text"/>

Group Organisers Declaration

Participation Statement "The British Mountaineering Council (BMC) recognises that climbing and mountaineering are activities with a danger of personal injury or death. Participants in these activities should be aware of and accept these risks and be responsible for their own actions and involvement."

By signing this form Instructors/Organisers are confirming that they understand the following:

Instructors not in the employment of Alter Rock Ltd are not covered by Alter Rocks Ltd's insurance.

All Instructors supervising more than two people must have a climbing qualification recognised by the MLTB, BMC or be site specific and must provide Alter Rock with a copy of the climbing qualification made valid by an up to date first aid certificate.

You must answer the following questions by writing either YES or NO in the box provided, then sign the declaration at the bottom of this form. Group members will only be allowed to climb once satisfactory answers to the questions have been given by the group organiser.

Are you over 18 years of age?	
I have read and understood the Conditions of Use and Rules of the centre.	
I understand that failure to exercise due care could result in injury or death.	
I agree to ensure that the group abides by the Conditions of Use/ Rules of the centre.	
I have permission from all group members or their guardians to sign this form on their behalf.	
I will ensure that all group members are aware that they do not have to take part.	
Do you have any questions regarding the application of the Conditions of Use or Rules.	

Declaration of Fitness: I certify that to the best of my knowledge, none of the group suffer from any medical condition which could result in an accident causing injury to themselves or others.

Full Name

Signature

Date

	Climber's Name	DoB		Climber's Name	DoB
1			21		
2			22		
3			23		
4			24		
5			25		
6			26		
7			27		
8			28		
9			29		
10			30		
11			31		
12			32		
13			33		
14			34		
15			35		
16			36		
17			37		
18			38		
19			39		
20			40		