



Group Evening Booking Form

Please complete this form. Once complete, save it to your computer and email as an attachment to John Borland groupevenings@dsgc.co.uk Please note that certain height and weight restrictions do apply (more information is available on request).

Name:
Address:
Postcode:
email:
Daytime Telephone Number:
Mobile Telephone Number:
Name of Group:
Number in Group (minimum 10):
Date required for Group evening:
Additional information: