



Group Evening Booking Form

Please complete this form. Once complete, save it to your computer and email as an attachment to Fiona / Martin Bennett

groupevenings@dsgc.co.uk

Please note that certain height and weight restrictions do apply (more information is available on request).

Name:

Address:

Postcode:

Daytime Telephone Number:

Mobile Telephone Number:

Name of Group:

Number in Group (minimum 10):

Date required for Group evening:

Additional information: