

# Deeside Gliding Club

## 2017 Wave Season Booking Form

Name of applicant: .....

Address: ..... Post code: .....

Tel. Home: ..... Work: ..... Mob.: .....

E-Mail Address: .....

Gliding Club: .....

I would like to reserve space for:

..... glider(s) for ..... week(s) commencing Sunday ...../...../ 2017

..... glider(s) for ..... week(s) commencing Sunday ...../...../ 2017

..... glider(s) for ..... week(s) commencing Sunday ...../...../ 2017

I would like to reserve hangar space for:

..... glider(s) for ..... week(s) commencing Sunday ...../...../ 2017

Glider	1	2	3	4	5	6	7	8
Type								
Identification								

Visiting pilots will be required to sign a declaration that they meet the [BGA Medical Requirements](#), and are advised to bring with them any related documents they are required to hold.

Visiting Pilots wishing to consider hiring Deeside gliders please email the club for further details <mailto:office@deesideglidingclub.co.uk>

Flying charges applicable will be those posted in the clubhouse at the time of visit.

Signature: ..... Date: .....

Please send the completed form to:

Mike Law  
 1 Heughhead Cottage  
 STRATHDON  
 Aberdeenshire  
 AB36 8XJ  
 Tel: 019756 51329  
 Email: [mike.law@btinternet.com](mailto:mike.law@btinternet.com)

Applicant copy	
DGC copy	
Confirmed	