

Deeside Gliding Club

2019 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/...../ 2019

..... glider(s) for week(s) commencing Sunday/...../ 2019

..... glider(s) for week(s) commencing Sunday/...../ 2019

I would like to reserve hangar space for:

..... glider(s) for week(s) commencing Sunday/...../ 2019

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: mikelaw902@gmail.com

Applicant copy	
DGC copy	
Confirmed	