

CLIMBING WALL ENQUIRY FORM

Please fill in this form and fax it to us at (03) 365 3913. Skip any sections that are not relevant to your project.

YOUR DETAILS

Name of Organisation : _____

Type of Organisation : School or College Community Commercial

Name of Contact : _____ Role : _____

Tel : _____ Fax : _____

Mob : _____ Email : _____

Postal Address : _____

Physical Address (if different) : _____

THE FACILITY

Is the wall going into a new or existing building ? New Existing

If New - What stage is it at ? _____

THE CLIMBING WALL

What types of climbing will it be used for ?

Lead Climbing Top Roping Bouldering Abseiling

What is the approximate size of the proposed area for the wall ?

Width : _____ Height : _____

What is the approximate budget for the wall ?

\$ _____

When do you hope to have your climbing wall in action? _____

SA HQ 104444

Thank you for your enquiry. We will contact you shortly to discuss your project in more detail.

