



TRAVERSING WALL ENQUIRY FORM

Please complete this form and fax it to us at (03) 365 3913.

YOUR DETAILS

Name of Organisation : _____

Type of Organisation : School or College Community Commercial

Name of Contact : _____

Position : _____

Tel : _____ Fax : _____

Mob : _____ Email : _____

Postal Address : _____

Physical Address (if different) : _____

THE PROJECT

EZI GRIP Traversing Wall panels are 1 metre wide. How many panels do you require for your project ?	
Is the proposed location indoors or outdoors ?	
If outdoors, will it be attached to an existing wall or do you want it to be freestanding ?	
Do you require a Quotation for a funding application ?	
When would you like to have your traversing wall in action ?	

SA HQ Traversing Wall Enq108575

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



Sheer Adventure Ltd
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