

TANDEM SKYDIVE BOOKING FORM

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Please return this form to : Skydive Jersey Ltd. Rue de la Commune, St.Peter, JE3 7ZR.

Tel 747410 Mobile 077978 13944

	TANDEM STUDENT	PERSON BOOKING
Name		
Address		
Postcode		
Preffered Tel No.		
Alternate Tel No.		
Email Address		
Date of Birth		<i>If 40 Years or older, medical is required</i>
Weight		<i>Maximum 16St 100Kg Men 14.5 St 95Kg Women</i>
DVD & Photo's	YES NO	<i>Preffered Date & Time</i>
PAYMENT: I enclose a cheque to skydive jersey Ltd for £130 or please debit my card.	Card No: _____	
	Valid From: ___ / ___ Expiry: ___ / ___ Card type: _____	
	Issue No _____	3 digit security code _____

* If you are aged 40 years or over on the day of your jump, your medical form 115 must be signed by a doctor. Please Note that a doctors 'Note' is not sufficient, our form must be used.

* Please note that your deposit covers BPA membership, 3rd Party Insurance cover, and the costs for positioning the aircraft and instructors required, in order to provide skydiving facilities in Jersey. **It is for these reasons Non-Refundable.**

* Please help our promoting, by telling us where you heard about Skydive Jersey _____

* Reservations will only be accepted with a deposit, accompanying a completed booking form.

* For opening dates and further information visit www.skydivejersey.net

**OFFICE
USE ONLY**

I have read and understood the terms above, and on the reverse, and agree to the conditions laid out by Skydive Jersey Ltd.

NAME _____

SIGNED _____

DATE _____

Item	Cost	Paid	Date
Deposit Amount	£130		
Remaining Payment	£200		
DVD & PHOTO's	£130		

Gift Cert #	
MEDICAL EXP	
P6 ISSUED	
P6 NUMBER	
DATE TRAINED	
DATE JUMPED	