



IF YOU ARE JUMPING WITH OTHERS, PLEASE ATTACH A LIST OF GROUP MEMBERS AND TICK HERE

Please note each jumper must have his or her own reservation form.

Please complete this form and return it to the address below as soon as possible. Please provide your £50.00 (cheques made payable to **Tandem Parachuting**) to **Tandem Parachuting, Suite 284, Andover House, George Yard, High Street, Andover, Hampshire, SP10 1PB.**

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Tel No. (Day): \_\_\_\_\_ Tel No. (Eve): \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**For which charity or group would you like to raise money?** \_\_\_\_\_

What dates would you like to jump? (Give 3 please) \_\_\_\_\_

How did you find out about **Tandem Parachuting**? \_\_\_\_\_

\*I require information on Personal Accident Insurance

\*I will arrange my own Personal Accident Insurance

\*I do not require Personal Accident Insurance

(\* delete as applicable)

**IMPORTANT**

**I enclose a cheque for £50.00**

**I confirm that I have read Paying Your Sponsor Money, Information About Jump, Tandem Parachuting Declaration Form, Solo Student Declaration Of Fitness To Parachute and I understand and agree to be bound to those terms and conditions and to comply fully with the same.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**FOR OFFICE USE ONLY**

**Cheque Name:** \_\_\_\_\_ **Cheque No** \_\_\_\_\_ **Cheque Date:** \_\_\_\_\_