



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.**

First Name: _____ Surname: _____

Address: _____

_____ Post Code: _____

Tel No. (Day): _____ Tel No. (Eve): _____

Mobile: _____ Email: _____

Age: _____ Height: _____ Weight: _____

How did you find out about the jump? _____

What dates would you like to jump? _____

I enclose a cheque for £50.00

I require information on Personal Accident Insurance

I will arrange my own Personal Accident Insurance

I do not require Personal Accident Insurance

I require a video (Payment of £99 given to cameraman on day of jump).

IMPORTANT

I confirm that I have read Information About Your Parachute Jump, Tandem Parachuting Declaration Form, Student Tandem Parachutist Declaration of Fitness 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:** _____