



BOOKING FORM

NAME : _____

ADDRESS : _____

: _____

: _____

: _____ POSTCODE _____

TELEPHONE – HOME : _____

TELEPHONE – WORK : _____

EMAIL : _____

DATE : _____

AGE : _____ WEIGHT : _____ HEIGHT : _____

I WISH TO ATTEND ON: _____ (day /date required)

TYPE OF DESCENT: * **Tandem Skydive**
15st (95 Kilo) limit. (If over this weight please contact the club)

PLEASE DEBIT MY DEBIT CARD: (No Credit Cards)

Visa Delta /Maestro(Dom) / Solo / Electron

(Issue Number:____)

Credit Card Number:

Start Date: /
Expiry Date: /

* Delete as necessary. * **All deposits are Non – Refundable.**