

## FALL FROM THE SKY BOOKING FORM

PLEASE PRINT THIS FORM AND POST IT TO US.

NAME	...
ADDRESS	...
TOWN	...
CITY	...
POSTCODE	...
TEL NUMBER	...
E.MAIL	...
WHEN TO BOOK.	... Month _____ Weekend Date: 1 <sup>st</sup> choice ____ 2 <sup>nd</sup> choice ____

### COURSE REQUIRED

Please tick a box below

Tandem Skydive  Static Line  AFF  Voucher  (Full Payment, valid for 6 months)

	NAME	AGE	WEIGHT	TEL No
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

I have read the terms & conditions and also the jumper requirements/Restrictions.

Signed \_\_\_\_\_

How did you find out about us? \_\_\_\_\_

**Cheques made payable to: "Fall From The Sky"** send to

**28 Kittiwake Road, Heapey, Chorley, PR6 9BA      Tel: 0845 868 6360.**