



British Skydiving
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 Leicester, LE2 9TF
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britishskydiving.org

JUMP NUMBER AND FREE FALL TIME AWARDS APPLICATION

Name of Applicant _____

Address _____

_____ Post Code _____

British Skydiving Membership Number _____ British Skydiving Licence Number _____

* **Jump Awards** 1,000 2,000 3,000 4,000 5,000 Other: every 1,000 jumps: _____

* **Free Fall Awards** 12 Hrs 24 Hrs 36 Hrs 48 Hrs 60 Hrs Other: every 12 hours: _____

* (Please tick appropriate box, or state number of jumps (multiples of 1,000) or number of hours (multiples of 12))

List below which award being applied for, giving details and location.
 List each award separately if applying for more than one.

AWARD	DATE	LOCATION

TO BE COMPLETED BY BRITISH SKYDIVING INSTRUCTORS

I certify that the information supplied above is current and the applicant is eligible for the award(s) applied for.

INSTRUCTORS NAME (PRINT) _____ British Skydiving Membership Number _____

Signed _____ British Skydiving Licence Number _____

The Award(s) applied for are to be: *Sent by Post/**Presented at the British Skydiving AGM/EXPO (5000 jump/60 hours or above only).

*Delete as applicable

(THERE IS NO CHARGE FOR ANY OF THE AWARDS)