

British Skydiving
5 Wharf Way, Glen Parva
Leicester, LE2 9TF
0116 278 5271
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britishskydiving.org

SKYDIVING DISPLAY TEAM REGISTRATION APPLICATION 2024 / 2025 (1ST OF APRIL 2024 - 31ST MARCH 2025)

I, the undersigned, being Team Leader, hereby apply for British Skydiving registration of the Skydiving Display Team named below. I will ensure that all members of the team abide by the relevant conditions of the British Skydiving Operations Manual in the conduct of the team's displays. I understand that the Team named below is included in the cover afforded by the British Skydiving Third Party Public Liability Policy. The limit is £10,000,000. I further declare that the team will consist of _____ Members and that no more than this number will participate in any display given by the team unless previously notified to British Skydiving in writing. I also note that displays may be audited/inspected by British Skydiving Officials for the purpose of monitoring safety requirements. I understand that in the event of an incident, full details must be sent to British Skydiving in writing as soon as possible. The appropriate forms may be obtained from British Skydiving HQ. (Forms 117, 118 and 119). ______Signed: ______ Name (BLOCK CAPITALS) ______British Skydiving No ______ British Skydiving Licence No ______Registered Display No _____ Team title _____ Address for correspondence Telephone Numbers E-mail: Person, other than the Team Leader, who is nominated by the Team Leader to complete display documentation. Name (BLOCK CAPITALS)

British Skydiving No

...PTO

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PAYMENT DETAILS

The payment information below is provided at the applicant's risk and will be used by British Skydiving for the Display Team registration fee only and will not be used for any other purpose.

	PAYMENT DETAILS	
I ENCLOSE a Cheque to the value of OR	£100.00 for Display Team application fe	ee made payable to 'British Skydiving'.
Please debit my MASTERCARD / VIS	SA / VISA ELECTRON card as follows:	
Debit card is the preferred method of than by credit card or cheque.	payment because it costs British Skydivinç	g less to process a payment received by this method
Address (If different from above)		
Card Number:		Expiry Date
Issue No (if applicable)	Security Code No	Valid from Date (if applicable)
Signature	Date	
	FOR OFFICE USE	

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Registration No._____Authorised by_____