

**KATHARINE HOUSE HOSPICE, STAFFORD  
TANDEM SKYDIVE BOOKING FORM**

Tandem Skydives are held every Friday, Saturday and Bank Holiday throughout the year. **BEFORE SENDING YOUR BOOKING FORM, PLEASE PHONE THE CENTRE ON 01948 841111 TO CHECK AVAILABILITY.**

PLEASE RESERVE MY PLACE ON ..... DAY ..... DATE.....

FIRST NAME..... SURNAME.....

ADDRESS.....

POSTCODE..... EMAIL ADDRESS.....

DAYTIME TELEPHONE..... MOBILE.....

DATE OF BIRTH...../...../..... HEIGHT..... WEIGHT.....

I HAVE READ THE ENCLOSED TERMS AND CONDITIONS. I UNDERSTAND THAT A NON-REFUNDABLE DEPOSIT OF £50 IS REQUIRED AND THAT THE BOOKING DEPOSIT IS NOT TRANSFERABLE WITHIN SEVEN DAYS OF THE DATE BOOKED. I ENCLOSE A CHEQUE/P.O. FOR £..... PAYABLE TO THE PARACHUTE CENTRE LTD.

I WISH TO PAY BY VISA/MASTERCARD/SWITCH/DELTA

PLEASE DEBIT MY CARD NO. .... EXPIRY DATE .....

ISSUE NO.....(IF APPLICABLE) START DATE ..... (IF APPLICABLE) SECURITY CODE.....

NAME OF CARDHOLDER..... AMOUNT .....

CARDHOLDER'S ADDRESS.....

POSTCODE..... SIGNATURE.....

HOW DID YOU HERE ABOUT THE JUMP?.....

Please make cheques payable to **The Parachute Centre Ltd.** Send the completed form and deposit to:

**KATHARINE HOUSE HOSPICE, WESTON ROAD, STAFFORD ST16 3SB**

A confirmation letter will be sent on receipt of your booking form. If anyone in the group is under 18 they will require written consent from a parent/guardian. If anyone in the group is 40 or over they will require a Parachute Medical Form to be signed by a doctor. If you require a medical or consent form, or if you have any questions, please phone the Centre on **01948 841111** or email [skydive@theparachutecentre.com](mailto:skydive@theparachutecentre.com)

<p><b>OFFICE USE ONLY:-</b></p> <p>RECEIVED ..... DEPOSIT..... CONFIRMED .....</p>
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