

SkyViewPro Services

ADVANCED COURSE REGISTRATION FORM

1. Name _____
2. Address _____
City, State & Zip _____
3. E-mail address _____ Ph. # _____
4. Home DZ _____
5. # of jumps _____ Years in skydiving _____
6. USPA membership # _____ Exp. Date _____ USPA License # _____
7. Type of course you wish to attend: Pro Exhibition ___ Camera ___
8. Date & location of course you wish to attend _____
9. Main canopy size & type (*pro course only*) _____

10. Please check as appropriate:

- I have a current copy of the SIM yes { } no { }
- I have read Sec. 6.8 in the SIM (camera course) yes { } no { }
- I have read Sec. 7 in the SIM (pro course) yes { } no { }
- I have completed the 10 accuracy jumps (with signatures)* yes { } no { }
- I have worked as ground crew on a Level 1 or 2 demo* yes { } no { }

not required to attend course

OFFICE USE ONLY

<u>Before Course</u>	<u>After Course</u>
USPA Membership Verified []	USPA Documents Complete []
USPA License Verified []	Candidates Written Exam []
Jumps in Logbook Verified []	Proficiency Card Complete []
Deposit or Full Payment Made []	Endorsement in Logbook []

Payment Options

\$100 non-refundable deposit required to reserve spot in course

Make check out and mail to:

SkyViewPro Services
PO Box 475
Perris, CA 92572

OR

Credit Card payment:

E-mail me at skyviewpro@aol.com
for credit card payment options