

SkyViewPro Services

INSTRUCTIONAL RATING 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:
 Coach _____ Static Line _____ AFF _____ Tandem _____ (UPT [] Strong [])
8. Date & location of course you wish to attend _____
9. Please check as appropriate:
 - I have a current copy of the SIM & IRM yes { } no { }
 - I have read material for specific course I wish to attend in the IRM yes { } no { }
 - I have read the BSR'S in the SIM yes { } no { }
 - I have read the ISP'S in the SIM yes { } no { }
 - I have completed the prerequisites on the proficiency card yes { } no { }

OFFICE USE ONLY

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

Payment Options

\$50 non-refundable deposit required for Coach or Static Line Course

\$100 non-refundable deposit required for AFF or Tandem course

Make check out and mail to:

SkyViewPro Services
 PO Box 475
 Perris, CA 92572

Credit Card payment:

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