



After Life Coffs City Skydivers Boogie
4-7th December, 2008.
Registration Form

PERSONAL DETAILS (Please print clearly)

FIRST NAME: _____ SURNAME: _____
ADDRESS: _____ POST CODE: _____
EMAIL: _____ SEX _____ DATE OF BIRTH: _____
PHONE (W): _____ (H): _____ MOBILE: _____

No. OF JUMPS _____ MEMBER OF (APF, BPA, USPA, ETC): _____ HOME DZ: _____
LICENCE No: _____ No OF RIGS _____ GEAR CHECK † _____

IN CASE OF EMERGENCY, PLEASE CONTACT:

NAME: _____ RELATIONSHIP: _____
CONTACT NO: _____

SIGNED: _____ DATE: _____

BOOGIE REGISTRATION

Tick one of the following:

\$50 Full Boogie Registration for the duration of the Boogie

\$ _____ Daily Registration of _____ days rego @ \$20/ day

Specify dates attending _____ December, 2008 to _____ December, 2008

BOOGIE JUMP TICKETS

\$ _____ being for _____ jump tickets @\$44 each

Total

Rego \$ _____ + Jump Tickets \$ _____ = _____