

RATING COURSE REGISTRATION at INSTRUCTORS ACADEMY



PERSONAL CONTACT DETAILS

First-, Lastname: _____

Street, No.: _____

Zip Code, City: _____

Country: _____

Tel. No (mobile): _____

Tel. No (landline): _____

Email: _____

Birthdate, Nationality: _____

VAT or Passport number: _____

LICENCES / MEMBERSHIP / EXPERIENCE

USPA Member number: _____ expiration date: _____

License number: _____

A / B / C / D - License: A B C D

issued country/federation: _____

other instructional ratings: _____

Total number jumps: _____

Total Freefall time: _____

Total Tunnel time: _____

TYPE OF COURSE		DATE OF COURSE, HOST DZ
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USPA Coach Course	<input type="checkbox"/>	_____
USPA AFF IRC	<input type="checkbox"/>	_____
USPA Tandem Rating	<input type="checkbox"/>	_____
UPT Tandem Rating	<input type="checkbox"/>	_____
IAD/S-L Course	<input type="checkbox"/>	_____
Conversion AFF-I	<input type="checkbox"/>	_____
Conversion Tandem	<input type="checkbox"/>	_____
Conversion IAD/S-L	<input type="checkbox"/>	_____
Re-Currency Training	<input type="checkbox"/>	_____

REGISTRATION AGREEMENT: This is confirmation of my attendance on the above marked course. A deposit of Eur has been transferred to the account of Marcus Laser, IBAN: ES93 0182 6593 7502 0850 7348, Swift: BBVAESMM on (date). I understand that this deposit is not refundable if I do not notify the INSTRUCTORS ACADEMY of my non attendance on the course within 30 days prior to the commencement of the course (or latest by registration deadline).

Date / Signature