



Body Pilots LLC

Vertical Skills Camp REGISTRATION

Name: _____

Address: _____

City: _____

State: _____

ZIP _____

Home Drop Zone: _____

Phone Number: _____

Email address: _____

Jump Experience Information

Total number of jumps: _____

Number of jumps in the last 6 months: _____

Number of Headdown Jumps: _____

Largest SUCCESSFUL Headdown formation Completed: _____

Total hours of tunnel time: _____

Event Registration Fee: \$50

CREDIT CARD AUTHORIZATION

Credit Card Type: MasterCard _____ Visa _____ AMEX _____ Discover _____

Name On Card: _____

Total amount to be charged: \$ _____

CREDIT CARD NUMBER

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EXP. DATE: ____/____/____

Signature: _____

I hereby authorize Body Pilots to charge my Credit Card in the amount indicated above

Mail checks to:

Body Pilots LLC

1664 E. Florence blvd. STE 4-112

Casa Grande, AZ 85122