



Booking Application

Web <http://www.bkpc.co.uk>
 Email info@bkpc.co.uk
 Tel / Fax 01772 717624

"If you have any questions please get in touch – we're happy to help answer them!"

Contact Name: _____ Telephone: _____
 Address: _____
 Post Code: _____ Email: _____

Preferred Jump Date We'll endeavour to accommodate your requested jump dates and will contact you to confirm your booking or to offer you alternative dates. During May to September we operate 7 days a week, at other time we operate weekends and public holidays.

(1) ____ / ____ / ____ (dd/mm/yy) or (2) ____ / ____ / ____ (dd/mm/yy)

Jumper's Details The maximum allowable weight is 12 stone for females and 15 stone for males, body mass index will also be taken into account. The minimum age for parachuting is 16, applicants under 18 must have written parental / guardian consent. Applicants aged 40 and over should request a British Parachute Associate Medical Certificate for completion by their doctor before their course. Please contact the centre for further details if any jumpers are aged under 18 or over 39 years. *Delete as applicable.

Forename	Surname	Age	Sex*	Weight	Jump Type*
			Male / Female		Tandem / Static Line Course / 6 Jump RAPS
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Payment Details A £50 (cheque or debit card) or £51.25 (credit card – inc bank handling fee) deposit per person secures your booking and is non-returnable upon confirmation of your course date. Payments by cheque must be supported with a valid cheque guarantee card and made payable to "Black Knights Parachute Centre". If you are paying by cheque on behalf of another jumper, please write the jumpers name on the cheque back. Outstanding balance is due on by the course date before training commences.

I enclose a cheque(s) / postal order(s) for £_____ made payable to "Black Knights Parachute Centre"

Please charge £_____ to my MasterCard / Visa / Delta* credit / debit card (*delete as applicable)

Card Holder Name: _____

Card Holder Address _____ Post Code _____

Card Number _____

Card Issue # _____ Card Expiry Date ____ / ____ Start Date ____ / ____

Please return this form along with any payments to:
 Black Knights Parachute Centre, 43 Garstone Croft, Preston, Lancashire, PR2 3WY