

* Which doesn't apply cross out.

STATEMENT

Full name			Date of birth			
Mailing adress		Po	st code	Town		
Country			Telephone No.			
Kind of lic.	Licence No.	Licer	nce validity to:		No. of jumps	
Main canopy Reserve		Reserve canop	canopy F		iess	
I state that:						
 All the above-mentioned data are true My gear is officially approved in my country and is in good working condition I am allowed to perform jumps: * without controlled conditions						
refunds from	the jump organize or some other hea	er or the Sloval	k National Aer	oclub	laim any compensation of in the case of my injury the damages done to the	
Red, approved and signed by:						
Date and place					Signature	

Instructor's signature