

Tandem Skydive application form

Location: Skydive Headcorn, Shenley Rd, Headcorn, TN27 9HX



Registered Charity Number: 293968

Thank you for your interest in taking on a tandem skydive challenge in aid of Pilgrims Hospices.

Things to know before filling out this form

- We ask all our skydivers to pay a £40 deposit and to pledge to raise a minimum sponsorship of £395 (not including Gift Aid). This ensures that Pilgrims Hospices will receive a benefit of at least £145 after the costs of your jump. Deposits are non-refundable but count towards your sponsorship target.
- Our skydive places are allocated on a first come, first served basis. Upon submitting this form, we will contact you regarding your requested date's availability and the deposit of £40 taken as necessary.

Personal details

I'd like to skydive on (delete as appropriate): **1st Sept / 8th Sept / 15th Sept**

Title: _____ First names: _____ Surname: _____

Gender: Male / Female Date of birth: _____ You must be at least 16 years old to take part in a tandem skydive.

Home address: _____

Postcode: _____

Telephone (Day): _____ Telephone (Evening): _____

Email address: _____

Emergency contact name on the day: _____

Emergency contact number(s): _____

Does your company have a match giving scheme that you can apply to in order to boost your fundraising?

Yes / No / Not sure If so, name of company/employer: _____

How did you hear about our Pilgrims skydive days? _____

Are you skydiving in memory of a loved one? If so, complete their details below

Full name: _____ Relationship to you: _____

Declaration

I commit to raising a minimum sponsorship of £395 for Pilgrims Hospices. I agree to forward at least 50% of my sponsorship (£200) to Pilgrims Hospices no later than 4 weeks before the date of my skydive. I understand that I take part in this event at my own risk and agree to abide by any terms and conditions of the event as agreed by the organisers (Skydive Headcorn and Pilgrims Hospices). I agree to follow any and all safety instructions given by the organisers before and during the event. By taking part in the event, I agree to Pilgrims Hospices using my name and any footage or photographs taken during my participation to be used in any future promotional material.

Signed*: _____ **Date:** _____

*Signed by parent or guardian for those under 18 years old.

Please return your completed form via email to Robert.grew@pilgrimshospices.org or by post to

Att: Robert Grew, Pilgrims Hospices, 56 London Road, Canterbury, Kent CT2 8JA

We'd love to keep you informed of other exciting ways to support Pilgrims Hospices. If you're happy to receive this information by email, please tick this box We will never share, sell or swap your details with a third party for the purposes of their own marketing or the monetising of your data.