



2009 Skydiving State Championships
Oct 10 – Oct 11, 2009
York, Western Australia

4 Way - Intermediate Team Registration Form

Team Name: _____

	Name	Paid Amount
Member 1 - Captain		
Member 2		
Member 3		
Member 4		
Member 5 (reserve)		
Cameraperson		

Each team member must complete a rego form and submit with payment before the close of registration.

Telephone 08 9444 4199
353 Oxford St Leederville WA 6007
DZ Telephone 9641 2905
Web site www.skydive.com.au

Facsimile 08 9242 4576
PO Box 151 Leederville WA 6903
DZ Facsimile 9641 2908
E-mail jump@skydive.com.au



2009 Skydiving State Championships
Oct 10 – Oct 11, 2009
York, Western Australia

4 Way - Open Team Registration Form

Team Name: _____

	Name
Member 1 - Captain	
Member 2	
Member 3	
Member 4	
Member 5 (reserve)	
Cameraperson	

Each team member must complete a rego form and submit with payment before the close of registration.

Telephone 08 9444 4199
353 Oxford St Leederville WA 6007
DZ Telephone 9641 2905
Web site www.skydive.com.au

Facsimile 08 9242 4576
PO Box 151 Leederville WA 6903
DZ Facsimile 9641 2908
E-mail jump@skydive.com.au