

Congratulations On Completing Your First Skydive



7. Where are you staying/living in Perth? (Please tick)

<input type="checkbox"/> Backpackers (Name _____)	<input type="checkbox"/> Home stay (Suburb _____)
<input type="checkbox"/> Hotels (Name _____)	<input checked="" type="checkbox"/> Home (Suburb <u>Ntn Yunderup</u>)
<input type="checkbox"/> Other (Please specify)	

8. How long are you staying in Perth/Australia? (if applicable)

N/A Aus Cit Year/s _____ Month/s _____ Weeks _____ Days _____

9. What nationality are you?

Australian

10. What country are you from?

Queensland

11. What was the best part of your first Skydive?

The Instructor Tommo - best value ever. Highly professional made me feel so relaxed. Very competent.

12. What was the most unpleasant part of your first Skydive (if any)?

my undies

13. Overall, how was your first Skydive?

Fantastic!

14. Any other comments & suggestions you would like to make that may help improve Skydive Express?

Having been to another DZ in WA I found this to be a pleasant surprise! Clean, professional, inviting & the instructors were the best! Tommo stands out as an absolute diamond! Hang on to him!

15. Individual Details (Please tick)

• Sex: Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	• Age: 14-20 <input checked="" type="checkbox"/> 21-25 <input type="checkbox"/> 26-30 <input type="checkbox"/>
• Visa: student <input type="checkbox"/> holiday <input type="checkbox"/> other <input checked="" type="checkbox"/> n/a <input type="checkbox"/>	31-40 <input type="checkbox"/> 41-50 <input type="checkbox"/> 51-60 <input type="checkbox"/> Over 61 <input type="checkbox"/>

16. Name, Address & Phone number (voluntary)

Name: J

Address: _____

Telephone number/s: _____

Telephone 08 9444 4199

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