T.I.R.C. REGISTRATION FORM

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	Cit;	y ate/ZIP								
3.		one	()						
4.	em	email Address								
5.	Loc	Location of this course and date								
6.	Но	me DZ								
7.	Nu	mber of Jum	ps							
8.	Yea	ars in skydivi	ng							
9.	US	PA Membersl	hip Nr			Exp Date				
10.	US	PA License N	r							
	 I have a copy of the SIM and IRM I have read the Tandem portion of the IRM I have read the BSRs in the SIM I have read the ISP in SIM I have completed the prerequisites on the proficiency card I have a current class III medical (or equivalent) 						card	☐ Yes	☐ No ☐ No ☐ No ☐ No ☐ No	
		se Only				Doumonto				
Bei	ore	e Course USPA Membership verified USPA License verified Jumps in logbook verified Proficiency Card prerequisites verified			s verified	Payments		Advance payment Payment at Course Total		
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		Proficiency Candidate F Student's W Category B Category D Incomplete USPA Paym Entry in log	Feedbac /ritten Tevaluate Evaluate Evaluate form (interpretate)	Ck form Test tion forms tion form(f required)	s))	credit card)				

Notes: