

## APPLICATION FORM

**Thank you for showing an interest in taking part in a parachute jump for Meningitis UK. We really do appreciate your support and any money you raise will go towards our research to find a vaccine to eradicate Meningitis.**

Please complete this form in BLOCK CAPITALS

**Name**

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**Address**

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**Postcode**

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**Daytime telephone no.**

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**Email**

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**Male/Female**

**Date of Birth (dd/mm/yyyy)**

**Height**

**Weight**

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I would like to book my tandem jump for one of the following weekends:

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Preferred drop zone (please refer to the skydive information for a full list of sites in the UK):

1st choice	2nd choice
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I enclose a cheque for £50 made payable to the 'London Parachute School'

You can also telephone us during office hours to make a secure debit or credit card transaction over the phone, or fill in your details below:

Please charge £50 to my Visa/Mastercard/Maestro (please give issue number) \_\_\_\_\_

Card number \_\_\_\_\_ Start Date \_\_\_\_/\_\_\_\_ Expiry Date \_\_\_\_/\_\_\_\_

Security Code \_\_\_\_ \_\_\_\_ \_\_\_\_ (3 digit code on reverse of card)

Please tick if you require: Meningitis UK T-shirt  Size (S, M, L, XL)

Have you taken part in a parachute jump before? YES/NO If yes, please give details

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How did you hear about Meningitis UK's parachute jump scheme?

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Do you have experience of meningitis or meningococcal septicaemia? YES/NO If yes, please give details

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Why have you chosen to raise money for Meningitis UK?

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Would you be interested in taking part in any other events for Meningitis UK in the future, eg sponsored runs/walks/supporter events/charity challenges?

YES/NO If yes, which ones?

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Please give details on how you intend to raise your sponsorship

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Will you be approaching your company for sponsorship? YES/NO

Name & Address of Company

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Type of business

Your position

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## DECLARATIONS

(both of the following must be signed for your application to go ahead)

### Agreement with London Parachute School (LPS)

I acknowledge that LPS have been engaged by Meningitis UK as experts in the field of parachute descents and this agreement is between me and the LPS. In consideration of LPS accepting me as a member and student parachutist, I hereby acknowledge and agree: That I will be bound by the School's rules and regulations and that I am 18 years of age or over. I further acknowledge that I enter into this agreement with the School on the basis that the School contracts with me on its own behalf and as agent for its entire staff and for all instructors who may be put at the disposal of the School for the purpose of assisting it to carry on its activities. I further agree not to make any claim against the School in respect of injury to person or loss of property and indemnify the School against claims brought against them arising out of neglect or default on my behalf whilst involved with the School activities.

Signature of Participant

Date

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### Agreement with Meningitis UK

Please tick one of the following:

I agree to pay £235 myself, which will pay for my jump, and raise whatever sponsorship money on top that I can, for Meningitis UK.

OR

I agree to raise a minimum of £400. £235 will pay for my jump, and £165 will be in sponsorship for Meningitis UK.

I understand that Meningitis UK cannot be held responsible for any loss or injury to me or any other party, however arising. I understand that any money donated towards my sponsorship will be passed on to Meningitis UK without unnecessary delay. By signing this form, I have read and agree to the above conditions.

Signature of Participant

Date

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**Please send your completed application form with payment (cheque enclosed/card payment section completed/telephone card transaction completed) to:**

**Fundraising Team, Meningitis UK, 25 Cleeve Wood Road, Downend, Bristol, BS16 2SF**



**Meningitis can KILL in under 4 hours**