



A D V E N T U R E S . I N C

GROUP ORGANIZER SHEET – Group organizer jumps free with 11

Group organizer: _____

Date: _____

Tel: _____

Email: _____

Time: _____

Fax your list to **(856) 629-7585**, or email **skydive@freefalladventures.com**.

Deposits are not refundable.

OFFICE USE

GROUP LIST	CUST #	DEPOSIT AMOUNT	DEPOSIT DATE	BAL. DATE	JUMP DATE	TRANS TO
1.		\$50.00				
2.		\$50.00				
3.		\$50.00				
4.		\$50.00				
5.		\$50.00				
6.		\$50.00				
7.		\$50.00				
8.		\$50.00				
9.		\$50.00				
10.		\$50.00				
11.		FREE				
12.		\$50.00				
13.		\$50.00				
14.		\$50.00				
15.		\$50.00				
16.		\$50.00				
17.		\$50.00				
18.		\$50.00				
19.		\$50.00				

***Balance is \$135, including gear rental. Video may be purchased individually, on-site, for \$110 inc. tax**
Please submit list and deposits at least **1 week prior** to jump date to confirm your booking.

PAYMENT METHOD (Circle) **Cash** **Visa** **M'card** **Discover** Amount \$ _____

Card # _____ Exp ____/____

Last 3 numbers on back of card ____ Name as it appears on card (please print) _____

Billing Address with zip _____ Zip _____

Signature: _____