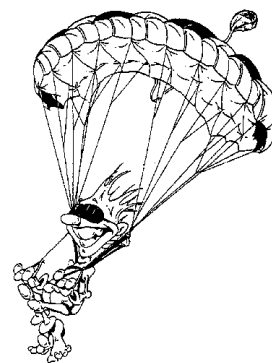


# Registration Form for the Sponsored Parachute Jump



(Block Capitals Please)

Name: ..... Address: .....

Phone Number: Home ..... Work / Mobile: ..... Occupation: .....

Date of Birth: ..... Age: ..... How did you hear about the jump: Friend .....

Other ..... Leaflet: .....  
(Please specify) (Please state where you picked up the leaflet)

e-mail Address if you have one: .....

Please give your reason for wanting to do a sponsored Parachute Jump: .....

## Additional Participant

Name: ..... Address: .....

Phone Number: Home ..... Work / Mobile: ..... Occupation: .....

Date of Birth: ..... Age: ..... How did you hear about the jump: Friend .....

Other ..... Leaflet: .....  
(Please specify) (Please state where you picked up the leaflet)

e-mail Address if you have one: .....

Please give your reason for wanting to do a sponsored Parachute Jump: .....

## Additional Participant

Name: ..... Address: .....

Phone Number: Home ..... Work / Mobile: ..... Occupation: .....

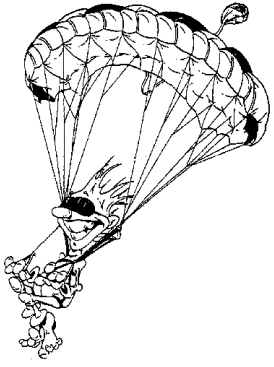
Date of Birth: ..... Age: ..... How did you hear about the jump: Friend .....

Other ..... Leaflet: .....  
(Please specify) (Please state where you picked up the leaflet)

e-mail Address if you have one: .....

Please give your reason for wanting to do a sponsored Parachute Jump: .....

Please enclose a **€10 cash cheque or postal order** per participant in the envelope provided along with this form.  
If sending a cheque please make it payable to the National Council for the Blind.  
When we receive your envelope we will send you on an information pack this will include sponsorship card, fact sheet etc.  
**If there are any more people who wish to take part - please use back of form for their names and addresses**



**Post to:**

**NATIONAL COUNCIL FOR THE BLIND  
(PARACHUTE DEPARTMENT)  
1 CARRIGMORE DRIVE,  
AYLESBURY  
DUBLIN 24**