CLIENT INFORMATION

Client Information

Name _____

Address _____

_____

City _____

State / Province _____

Postal Code _____

Country _____

Phone _____

E-mail _____

Skydive Experience

Year Started _____ # of Incidents _____

# of Skydives _____ (total) _____ (track suit) _____ (wing suit)

BASE Experience

BASE Course Taken _____

Year Started _____ # of Incidents _____

# of BASE Jumps _____ # Slider Up Jumps _____ (track suit) _____ (wing suit)

Slider Off Jumps _____ (Free fall) _____ (Non-FF) _____ (Unpacked)

☐ Male ☐ Female Birth Date _____

Reason for choosing Apex BASE

_____

Payment Information

Credit Card Payments: ☐ MC ☐ VISA Credit Card Number _____ Exp. Date _____ CVV# _____

Name on Card: _____ Signature: _____

Billing Address: _____

City, State / Province, Postal Code: _____

☐ I authorize a deposit to be taken from above card.

- or -

☐ Please provide a written estimate before charging deposit.

Bank Transfers also available. Please call or email perris@apexbase.com for details.

Please forward to the Apex BASE Office

41610 Date Street Unit 101 Murrieta, CA 92562

perris@apexbase.com apexbase.com

951.894.6000 951.894.4005

Cancelation more than 90 Days before departure equals 100% refund.

Cancelation from 90 to 50 Days before departure equals 50% refund.

No refund for cancelations within 50 Days of departure.

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