

Find Us on



"Perris Indoor Skydiving"

Customer Information

Date _____

Last Name _____ First _____ M.I. _____

Address _____

City _____ State _____ Zip/Postal Code _____

Country _____ Gender: Female Male

D.O.B. ____/____/____ Height: _____ Weight: _____

Phone _____

Email _____

Please exclude me from Perris Indoor Skydiving's email list

Are you a:

A Skydiver A Return Tunnel Flyer Have No Experience in a wind tunnel

How did you hear about us? _____



Emergency Contact Information



Same as Above

Name _____ Relationship _____

Phone 1 _____ Phone 2 _____

Participants under eighteen (18) years of age:

Name: _____ Age: _____ Height _____ Weight: _____

Name: _____ Age: _____ Height _____ Weight: _____

Name: _____ Age: _____ Height _____ Weight: _____

Name: _____ Age: _____ Height _____ Weight: _____