

National/UKSL Formation Skydiving Competition

Rookie/A/AA Team Certificate



(To be completed by each Rookie/A/AA team entering)

1. LOCATION OF NATIONAL / UKSL COMPETITION _____
2. DATE OF NATIONAL / UKSL COMPETITION _____
3. NAME OF TEAM _____
4. ROOKIE* A* AA*
(*Please tick appropriate box)
5. TEAM MEMBERS NAMES
 - (i) _____
 - (ii) _____
 - (iii) _____
 - (iv) _____

(Alternate) _____

(Videographer, if applicable) _____

JUDGES SECTION

JUDGE NAME _____

JUDGE SIGNATURE _____

PLEASE HAND THIS FORM TO THE MEET DIRECTOR PRIOR TO THE START OF THE COMPETITION.