



British Skydiving
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 Leicester, LE2 9TF
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britishskydiving.org

BRITISH CANOPY FORMATION AWARDS APPLICATION

Name _____ British Skydiving Membership Number _____

Address _____

Post Code _____

These awards are given following a successful completion of a 4-way (or larger) or 8-way (or larger) canopy formation in which full Contact is maintained for a minimum of 30 seconds. Please also note that the awards date back many years. Therefore, the awards themselves refer to the British Parachute Association (BPA) and not British Skydiving. They are therefore BPA awards.

BCRW (British Canopy Relative Work award); Having taken part in a canopy formation of 4 or larger.

BCCR (British Canopy Crest Recipient); Having taken part in a canopy formation of 8 or larger.

BCCS (British Canopy Crest Soloist); Having entered on a canopy formation of 8 or larger, docking 8th or later.

All classes of BCRW, BCCR and BCCS will receive a membership card and BPA sow-on badge. A permanent record of name and number will be held on file at British Skydiving HQ. Each award costs £10.00.

BCRW

BCCR

BCCS

(Please tick appropriate box)

We, the undersigned certify that on (date) _____ at (time) _____ at (location) _____

The above named took part in a (number) _____ -way Canopy Formation, entering (no. docked) _____ and was held for a period of _____ seconds.

(Witnesses in formation, Name & British Skydiving/FAI number)

1 _____

12 _____

2 _____

13 _____

3 _____

14 _____

4 _____

15 _____

5 _____

16 _____

6 _____

17 _____

7 _____

18 _____

8 _____

19 _____

9 _____

20 _____

10 _____

1 _____ on ground

11 _____

2 _____ on ground

PTO

PAYMENT DETAILS

*Please delete as appropriate

I enclose a Cheque to the value of £10.00 made payable to `British Skydiving`

or please debit my MASTERCARD*/VISA* card as follows:

Card Number: | | | | | | | | | | | | | | | | EXPIRY DATE: _____

ISSUE No: (if applicable) _____ SECURITY CODE No: (if applicable) _____ ISSUE FROM DATE: (if applicable) _____

Signature _____ Date _____

FOR OFFICE USE ONLY

BCRW No: _____	CMR Date: _____
BCCR No: _____	CMR Date: _____
BCCS No: _____	CMR Date: _____

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