



AUSTRALIAN PARACHUTE FEDERATION

C3

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C3 – CREST APPLICATION

Name Date of Birth/...../.....
 Address APF No
 Postal Address.....
 Email Mobile

Star Night Star CRW Freely Head-Up Freely Head-Down Wingsuit

Date	Jump No.	Witness 1 (see below for requirements)		Witness 2 (see below for requirements)	
		Name & Number	Signature	Name & Number	Signature

Witnesses to print and sign with their appropriate Crest, Judge or Coach number.

Statement by Applicant: I hereby declare that I have met all APF requirements applicable to this application, and agree to abide by the APF Code of Ethics, rules, regulations, policies and procedures.
 Applicant Signature: Date/...../..... Club Affiliation:

Verification by Chief Instructor: I, the undersigned, being an APF Chief Instructor, have checked the above information and certify that the applicant has met all APF requirements applicable to this application
 Chief Instructor (Pls Print) Training Organisation:
 Signature: Date...../...../.....

\$25 (non-refundable) Fee per application as applicable, Please complete the following fields.

Payment Details - Post, email or fax this form to the APF Office with your payment

MasterCard Visa Cheque Money Order Life Member

Expiry date:

Name on Card: Amount approved:

Have you considered making a donation to the Australian Parachute Team? Tax deductible donations to support our national teams with training and competition costs may be made to the Australian Sports Foundation. For further information visit www.apf.com.au