



# CANADIAN SPORT PARACHUTING ASSOCIATION

204 - 1468 Laurier Rockland, Ontario K4K 1C7

613-419-0908 office@cspa.ca

## AWARD APPLICATION FORM

In accordance with CSPA policy, this is to verify that:

Print Form

Reset Form

Name: \_\_\_\_\_ CSPA #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Yrs with CSPA: \_\_\_\_\_ # of jumps: \_\_\_\_\_

Highest CoP: \_\_\_\_\_ Ratings: \_\_\_\_\_ DZ/Club: \_\_\_\_\_

### FreeFall Hours:

Having logged   hours or more of freefall time

and having held a CSPA membership during the two (2) consecutive years preceding this application.

**Anniversary:** having been a member in good

standing of CSPA for a period of   years

From:  To:

Details: Affiliation, since initial membership

Member Group

During years:

Member Group

During Years:

Member Group

During Years:

Member Group

During Years:

Member Group

During Years:

### VERIFICATION

I have checked the applicant's logbooks and other documentation and find all qualifications to be in order

Name:

Date:

Signature:

For Presentation at:

### Wings

Having completed   freefall jumps and having

held a CSPA membership during the two (2) consecutive years preceding this application

**CXM Award:** having been in a 10-way or larger formation held for five (5) seconds or more over a Canadian dropzone; and verified by the other jumpers in the formation and by at least two ground witnesses each holding a "B" CoP or higher.

Ten Star Details Cost: \$5.00

Place:

Date:  Jump #:

Entry Position:  Formation Size:

### Witnesses:

Name:  CoP

Name:  CoP

Name:  CoP

Name:  CoP

Name:  CoP

Name:  CoP

Name:  CoP

Name:  CoP

Name:  CoP

Name:  CoP

Name:  CoP

Name:  CoP

Pilot:  License #

SEND TO: (if different from above)

Name/address: