Print Form

Reset Form

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:

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 documents and find all qualifications to be in order and that I am a current Registered Participant of CSPA.

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 [ ]

Ground Witnesses

Name: [ ] CoP [ ]

Name: [ ] CoP [ ]

Pilot: [ ] License # [ ]

SEND TO: (if different from above)

Name/address: [ ]