

Parachute Association of Namibia

www.panam.com.na

Register of First Jump Students Trained

Note: One form per course

Drop Zone:		Course Date/s:	
Instructor's Name		Type of Course: (Tick)	<input type="checkbox"/> Static Line <input type="checkbox"/> AFF <input type="checkbox"/> TPP
Rating No:			

Instructions: Please print clearly and provide as much information as possible (use additional form for more students)

No	First Name	Surname	Postal or E-mail Address	Phone Number(s)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Note: Only use subsequent pages if required.				
Drop Zone:				Course Date/s:
Instructor's Name				Type of Course: (Tick) <input type="checkbox"/> Static Line <input type="checkbox"/> AFF <input type="checkbox"/> TPP
Rating No:				
No	First Name	Surname	Postal or E-mail Address	Phone Number(s)
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				