



## INSTRUCTOR SPONSORSHIP PROGRAM APPLICATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CURRENT DROPZONE OF EMPLOYMENT: \_\_\_\_\_

DZ PHONE: \_\_\_\_\_ DZ WEBSITE: \_\_\_\_\_

SUPERVISOR or CHIEF INSTRUCTOR at DZ: \_\_\_\_\_

USPA NUMBER & LICENSE: \_\_\_\_\_

RATINGS: \_\_\_\_\_

HOW LONG HAVE YOU HELD EACH RATING? \_\_\_\_\_

TOTAL NUMBER OF JUMPS: \_\_\_\_\_ AS AN INSTRUCTOR IN THE LAST 12

MONTHS: \_\_\_\_\_ HOW MANY, IF ANY VIDEO JUMPS: \_\_\_\_\_

TANDEM: \_\_\_\_\_ AFF/IAF: \_\_\_\_\_ STATIC LINE: \_\_\_\_\_ COACH: \_\_\_\_\_

WHAT HELMETS ARE YOU CURRENTLY JUMPING AS AN INSTRUCTOR, FUN JUMP  
or DEMO JUMPS?

\_\_\_\_\_

IF SPONSORED WHAT HELMET WOULD YOU WANT: \_\_\_\_\_