

# Application for Formation Skydiving (FS) Endorsement and Freefall Proficiency Funding

Submit to [bod@skydive.sk.ca](mailto:bod@skydive.sk.ca)

Name: \_\_\_\_\_ Email Address \_\_\_\_\_

CoP Level (A CoP or B CoP) \_\_\_\_\_ Submission Date to SPAS: \_\_\_\_\_

**Instructions:** Submit new application form for each CoP Level (A CoP, B CoP)  
 Submit all jumps for Coach-2 and Videographer slots.  
 Based on funding availability, not all jumps may be reimbursed.  
 Up to two (2) failed jumps may be reimbursed.  
 Max. two (2) Outside Videographer slots can be submitted per CoP application.  
 Please keep a copy of this form until you are reimbursed.  
 Print more forms and submit altogether if more jumps are needed for CoP level  
**Coach-2 By signing you are validating the athlete has performed the jump.**

	1	2	3	4	5	6	7
DZ name for Jump							
Logbook Jump #							
Name of Coach-2							
Name of Outside Videographer (A or B Maneuver Series Only)							
FS Performed Levels / Pins /Both							
Cost of Coach-2 Slot							
Cost of Outside Videographer Slot							
FS/Maneuver Series outcome Pass/Fail							
Coach-2 Videographer Signature							

### For SPAS BoD Use Only

FS/Maneuver Series Endorsement Achieved: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Total Cost of C2 Slots \$ \_\_\_\_\_ Total # of slots Reimbursed: \_\_\_\_\_

Total Cost of Passed Videographer Slots \$ \_\_\_\_\_ Total # of slots \_\_\_\_\_

Approved by Name and Signature: \_\_\_\_\_

Application Approval Date: \_\_\_\_\_

Funding released to: \_\_\_\_\_ Date: \_\_\_\_\_

\*SPAS BoD member to print form or obtain original from athlete, sign off, scan and store in Google Drive – FS Funding Application\*