

APPENDIX V – STANDARD REPORT FORM

CSPA

Level I Course / Re-Evaluation Test

Report for

_____, CSPA # _____
(print candidate name)



After completion, send this form to:
CANADIAN SPORT PARACHUTING ASSOCIATION
204-1468 Laurier Street, Rockland, Ontario, K4K 1C7
Phone (613) 419-0908 Fax (613) 916-6008
Or e-mail a scanned copy to: office@cspa.ca

Name: _____	CSPA No.: _____
Level 1 Course ___ Re-Evaluation Test (Please indicate which is applicable)	

Address
 Street: _____
 City: _____
 Province: _____ Postal Code: _____

Email Address: _____
 Phone Number: _____

<u>Judging Categories</u>	<u>Exam</u>	<u>Practical Exam</u>	<u>Make Up</u>
	% Mark	% Mark	% Mark
Accuracy:			
Style:			
FS/VFS:			
CF:			
AE:			
WS:			
CP:			
Speed:			
Other:			

Comments:

Signature of Candidate: _____ **Date:** _____

Signature Course Conductor: _____ **Date:** _____

Ensure that the required fee (PIM 4E, Section 16) is submitted with the form for the issuance of a Provincial Rating;

Amount \$ _____ VISA/MC # _____ Expiry Date _____

Name on card _____

Signature _____