Consolidated Rigging, Inc.

Customer Survey and Personal Data

	Today's Date:		
NAME: Last:	First:		MI:
ADDRESS: Street: City:	State:	Zip:	
Country: TELEPHONE: Daytime ()	Even	ing (
Male Female Date of Birth: Blood Type: Allergies: Have you ever broken, sprained or dislocated a be			
Are you under a doctor's care or taking medication (If yes please explain)			
Emergency of Address:			
	/ Aviation History		
Do you presently skydive? Yes No How When was your last skydive? Where What type of parachute do you presently use? How many jumps on low aspect ratio (7-cell) can	do you normally jump?		
Do you presently BASE jump? Yes No H When was your last BASE jump?		How many Jumps? ve you jumped the r	nost?
On a scale of 1 to 10 (ten being best) how would	you rate your canopy cont	rol / accuracy skills?	
Do you Pro Pack? Yes No No Pro Pack? Yes No	ale of 1 to 10 (ten being m	nore proficient)	
Do you currently participate in any other aeronaut	ic activities? (If yes please	explain)	
BASE Award #:			

Other: (bungee / Private pilot etc.)

What are your motivations to learn more about BASE jumping?

What are your expectations of a course in BASE jumping?

What are your present impressions of BASE jumping and it's participants?

What are your thoughts on parachuting with no reserve parachute?

Is making a BASE jump worth severe injury or death to you?

Any additional comments: