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1-800-SKY-DIVE

\$25 deposit per person for our group of _____ people. This deposit is non-refundable unless a call to alter the reservation is made with at least 24hrs advance notice.

I hereby authorize Skydive Mia, Inc / dba Skydive Miami to charge my credit card in the following manner:

Card Information

Visa MasterCard American Express Discover

Credit Card #:

- - -

Expiration Date:

/

For the amount of \$: _____

Card Holder Billing Information

Name (as appears on card): _____

Billing Address: _____

City: _____

State: _____ Zip: _____

Phone Number: () _____

Authorized Signature Date