

SKYDIVE MIAMI

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1-800-SKY-DIVE

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

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

CARD INFORMATION

Mastercard Visa Discover American Express

Card Number _____ Expiration date _____

For the amount of \$ _____

CARD HOLDER BILLING INFORMATION

Name (as appears on card) _____

Billing Address _____

Contact Phone Number _____

Cardholder Signature _____ Date _____

Please include a copy of your license with this form