



# 4 8 8 STACK CCR CCS

# Canopy Formation Performance AWARDS PROGRAM

Administered by the United States Parachute Association®  
on behalf of the world skydiving community.

On this date:  MO  DAY  YEAR

I SUCCESSFULLY PARTICIPATED IN A \_\_\_\_\_  
SIZE OF FORMATION

canopy formation, which was held for a period  
of \_\_\_\_\_ minutes, \_\_\_\_\_ seconds, entering  
\_\_\_\_\_. My participation in this canopy forma-  
tion, in accordance with the requirements for  
the award as stated herewith, thus qualifies me for:

- |                                                                                                              |                                 |
|--------------------------------------------------------------------------------------------------------------|---------------------------------|
| <b>AWARD</b>                                                                                                 | <b>NIGHT?</b><br>(Please Check) |
| <input type="checkbox"/> 4-STACK AWARD, and/or                                                               | <input type="checkbox"/>        |
| <input type="checkbox"/> 8-STACK AWARD • CCR, and/or<br><small>(Canopy Crest Recipient)</small>              | <input type="checkbox"/>        |
| <input type="checkbox"/> 8-STACK AWARD • CCS<br><small>(Canopy Crest Soloist, entering 8th or later)</small> | <input type="checkbox"/>        |

I, the undersigned, certify that I have  
completed all requirements for this award:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**YOUR PRINTED NAME** as you want it to  
appear on official certificates (28 letters,  
punctuation, and spaces maximum):

\_\_\_\_\_  
\_\_\_\_\_

**LOCATION OF JUMP** to appear on  
certificates (city, state, country—if not USA; 14  
letters, punctuation, and spaces maximum)

\_\_\_\_\_

- I am a current USPA Member \_\_\_\_\_; or  
USPA number
- I am a foreign FAI aero club member; or
- My application and payment for USPA  
membership are enclosed.

## • OTHER PARTICIPANTS

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

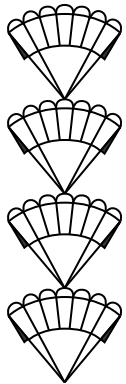
Name \_\_\_\_\_

Name \_\_\_\_\_

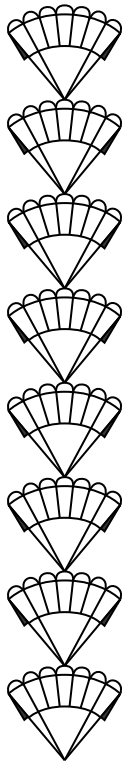
Name \_\_\_\_\_

Name \_\_\_\_\_

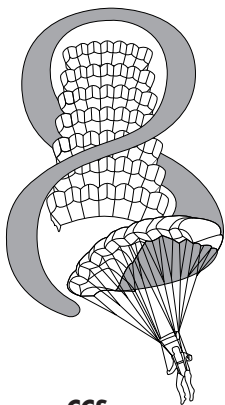
Name \_\_\_\_\_



4-Stack



CCR



CCS

## • RULES AND COSTS

**Award Requirements:** These awards attest to the successful completion of a 4- (or larger) or 8- (or larger) canopy formation—day or night, as appropriate—where there is continuous contact among all connected jumpers and canopies for a minimum period of ten seconds. The formation need not be a stack, but must be recognizable (diamond, etc.). All qualifying applicants of day or night 4-stack, CCR, or CCS Awards, upon payment of certification fee, receive the appropriate patch, together with a sequentially numbered verification card. Those qualifying for the day or night CCS award must close eighth or later in the formation, which must be held for the ten-second minimum. Recipients of all awards must be current members of USPA, or if non-citizens, must be members of their own national aero club.

## • FEES (Day or Night)

ITEM	QUANTITY	AMOUNT
Award: <small>(includes one certificate and two decals)</small>		<b>\$15</b>
Set of two additional decals:		<b>\$3</b>
Embroidered patch:		<b>\$10</b>
Subtotal:		

AIRMAIL OVERSEAS POSTAGE:  
(ADD \$2.00 PER ORDER) \$ \_\_\_\_\_

VIRGINIA RESIDENTS ONLY ADD 5% SALES TAX: \$ \_\_\_\_\_

**TOTAL ENCLOSED:** \$ \_\_\_\_\_

*Payments made to USPA are not deductible as charitable contributions for U.S. income tax purposes.*

## Mailing Address:

Name \_\_\_\_\_

Street or Box No. \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

**U.S. PAYMENTS**—MAIL CHECK OR MONEY ORDER (PAYABLE TO  
"USPA") TO:

**USPA**  
5401 Southpoint Centre Blvd.  
Fredericksburg, VA 22407

EMAIL OR FAX WITH VISA OR MASTERCARD AUTHORIZATION TO:  
**MEMBERSHIP@USPA.ORG** or **(540) 604-9741**

**Only VISA and MasterCard**  
**accepted for foreign payment.**  
**No foreign checks or money orders.**

\_\_\_\_\_ CREDIT CARD NUMBER \_\_\_\_\_

\_\_\_\_\_  
CVC EXPIRATION  
\_\_\_\_\_  
MO YR

Card Holder Signature \_\_\_\_\_ Date \_\_\_\_\_