



Strong Enterprises

"The parachute company with imagination"

Division of S.E. Inc.

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Tandem Instructor Questionnaire

Date: _____

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone: Home: _____ Cell: _____ Business: _____

E-Mail: _____

I am currently making Tandem jumps at (DZ name): _____

Location: _____ Owner: _____

Other DZ's that I have made Tandem Jumps at: _____

Parachuting Instructional ratings held are: _____

Type of current medical certificate: _____

	STRONG	OTHER (Specify)	Comments
1. Total number of Tandem Jumps as Instructor:	_____	_____	_____
2. Total number of Tandem Jumps as Passenger:	_____	_____	_____
3. Number of Tandem Jumps in the last 12 months:	_____	_____	_____
4. Number of Tandem Jumps in the last 90 days:	_____	_____	_____
5. Total number of Tandem Reserve Activations:	_____	_____	_____
6. Total number of solo freefalls:	_____	_____	_____
7. Number of solo freefalls in the last 12 months:	_____	_____	_____
8. Total number of solo malfunctions:	_____	_____	_____