

WOMEN'S STAR CREST AWARD
Application for Certification

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ E-MAIL: _____

We, the undersigned, attest that at (place) _____

on (date) _____ the above named skydiver participated in a _____-Way Star formation,

consisting of at least 8 women skydivers, entering in position # _____, and thereby qualifies for the

WSCR or NWSCR (circle one) Award. The Star was held for a period of _____seconds on her (or his)

jump # _____. Note: Men must have entered 9th or later on an 8-Woman Star to qualify.

List of Eight Women Participants on the Skydive
(Please print legibly. Include WSCR # if available)

1. _____ WSCR # _____

2. _____ WSCR # _____

3. _____ WSCR # _____

4. _____ WSCR # _____

5. _____ WSCR # _____

6. _____ WSCR # _____

7. _____ WSCR # _____

8. _____ WSCR # _____

I attest that I have met the requirements to earn the WSCR / NWSCR (circle one) award and that the above information is true and accurate.

Applicant Signature: _____ **Date** _____

Jump Witness # 1 Signature: _____

Jump Witness # 2 Signature: _____

Please mail this form to: WSCR Awards, 307 Beauregard Heights, Hampton, VA 23669. Include a check or money order for \$25 made out to *WSCR Awards*. You will receive an award card, a certificate of achievement, an embroidered patch, and two decals,

Additional items to order: WSCR / NWSCR embroidered patches--\$8.00 ea. WSCR decals—3 for \$5.00

Note: The fee covers costs for printing, record maintenance, award items, & WSCR promotion. "WSCR Awards" is a nonprofit association registered with the IRS and Commonwealth of Virginia. Award numbers issued in sequence—first come, first served.