

ROOM/CONDO # _____ DATE _____



NAME:			
ADDRESS:			
PHONE:		E-MAIL:	
IN CASE OF EMERGENCY CONTACT NAME / RELATIONSHIP: TELEPHONE NUMBER:			
DATE OF BIRTH: DD/MM/YY		CERTIFYING AGENCY: (PADI, NAUI, SSI, SDI etc.)	
LEVEL: (Open Water, AOW etc.)		CERTIFICATION #:	
Do you have dive accident insurance? (DAN, PADI, etc.) Yes / No (please circle)		If YES, what is the agency and your member number?	
AGENCY:		MEMBER #	
NUMBER OF DIVES TO DATE:		DATE OF LAST DIVE:	
ARE YOU DIVING WITH A COMPUTER?	Yes / No (please circle)		
Regardless of Certification level, would you consider yourself:	Novice / Intermediate / Advanced / Expert (please circle)		
Are you interested in further diver education? i.e. Advanced or Specialty Courses such as Nitrox?		Yes / No _____	
If YES, which ones interest you?			

Thank you for diving with us!