

**APPLICATION**

Please complete and sign both sides of this application  
(PLEASE PRINT)

**PERSONAL INFORMATION**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
          First           Middle           Last

Address: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

\_\_\_\_\_  
          City           State           Zip Code           Vegetarian: Yes \_\_\_\_\_ No \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
          Area Code       Number                           Area Code       Number

Citizenship: \_\_\_\_\_ Passport No: \_\_\_\_\_ Issued: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICAL INFORMATION**

Do you have any medical conditions, history or physical impairments which can make diving or other underwater activity dangerous to you: \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, please specify: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
          City       State           Zip

**DIVING EXPERIENCE**

Years Diving: \_\_\_\_\_ Main Diving Interests: \_\_\_\_\_

Previous Dive Experiences: \_\_\_\_\_

Diving Ability: \_\_\_\_\_ Beginner \_\_\_\_\_ Intermediate \_\_\_\_\_ Advanced \_\_\_\_\_ Expert

**GENERAL INFORMATION**

Airline Seat Preference: \_\_\_\_\_ Window \_\_\_\_\_ Aisle

Special Dietary requests: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Airport Departure: \_\_\_\_\_ U.S. Departure Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**EMERGENCY CONTACT: (MANDATORY PER USDOT RULES EFF. 1/1/03)**

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Comments & Requests: \_\_\_\_\_

**FOR AIR RESERVATIONS ONLY:**

Credit Card: \_\_\_\_\_ AMEX \_\_\_\_\_ Mastercard \_\_\_\_\_ VISA \_\_\_\_\_ Other

Card #: \_\_\_\_\_ Name on Card: \_\_\_\_\_ Exp: \_\_\_\_\_