Group Tour Application and Diver Information Please complete this document, as well as the Waiver. Return both to divetrip.com.

***** *Important:* Please also send us a photo copy of the photo of your passport.

Name:	Destination:
E-Mail address:	Trip Dates:
Mailing address:	
City, State & Zip Code:	
Preferred Phone:	Secondary Phone:
Occupation:	Work Phone:
Passport Number:	Date & Place of Issue:
Note: Your Passport should remain valid for six mon	ths following your scheduled departure date from the foreign country.
Please indicate who should be notified in the	event of a medical emergency:
Name:	Relationship:
Email:	Phone:
Your Physician:	Phone:
For what conditions are you taking medicati	ons?
Do you have any medical conditions that con	ntra-indicate scuba diving?
Do you have any special dietary requirement	
<u>SC</u>	UBA Diving Experience
Year of certification:	Agency (PADI, NAUI, etc.):
Certification Level:	Certification Card Number:
Diving Accident Insurance Policy (mandator	·y):
How many dives have you made?	Date /Place of most recent dive?
How do you rate yourself as a diver? Beg	ginner Average Advanced Expert
Are you an underwater photographer?	Nitrox if available (may be additional cost)?
Have you had Lifesaving Training?	CPR Training? Medical Training?
To the best of your knowledge, have you eve	er suffered decompression sickness?
Where have you been diving in the Caribbea	n?
The undersigned certifies that this info	ormation is correct, and that he/she is a properly trained and

certified scuba diver, capable of safely participating in scuba diving activities. The undersigned agrees to personally accept responsibility for his/her own actions, personal liability and well being, and to abide by divetrip.com "Terms & Conditions."

SIGNATURE: _____