



CUSTOMER PORTFOLIO:

Group Name:		Citizenship:	
Trip Departure Date:		Gender:	Male / Female
Full Legal Name:		Date of Birth (m/d/y) City/Country of Birth:	
Daytime Telephone:		Passport Number:	
Nighttime Telephone:		Height/Weight:	Ft/in-cm lbs/kg
Address:		Scuba Certification & Card Number:	
Include Postal code:		Nickname (if applicable)	
Occupation:		Diving Accident Insurance Provider and Policy Number: (Required for divers):	

Email																															
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Emergency Contact Information (Required)

Name:		Relationship:	
Address:		Day Telephone:	()
Email:		Night Telephone:	()

Travel Details

	Date	Time	Airline	Flight Number
Arrival Information:				
Departure Information:				

Please summarize your diving experience, including approx. number of dives and types of diving (night, wreck, ocean etc.):

How would you rate yourself as a diver? Non-Diver Beginner Intermediate Experienced
 Expert

Equipment Rental or Specialty Courses Requested:

Do you have any special dietary requests or requirements? Please let us know if you have any food allergies before the trip so the galley crew can make any changes or precautions needed.

Please Initial: _____

