GENERAL INFORMATION FOR YOUR TRIP:

PLEASE COMPLETE AND RETURN WITH YOUR TRIP DEPOSIT TO: ustravel@sbcglobal.net

Special Requests:			
Contract Signed and Returned:			
Waiver Signed and Returned:			
		_	
Insurance:			
Address:			
Home Phone:	Cell:	Cell:	
Name as on Passport: Please send a cur	rent copy of your j	passport:	
		Expiration Date:	
Citizenship:			
Date of Birth:			
		Airline:	
Credit Card Number:		EXP: CCV:	
Preferred Seating on Aircraft:			
Special Dietary Needs:			
Special Needs/Requests:			
		elationship: Phone:	
Address:		•	
		mber: Expiration Date:	
		Certification Agency:	
Nitrox Card Number:			
		Number of Salt-Water Dives:	
		e, you will need to take a refresher course from a current cer	
Instructor.			-
When was your equipment serviced last	: by a certified divi	ng technician:	
Note it is your responsibility that your stabiliz	er jacket and regulat	tor, gauges and computer are in good working order, please	checl
your equipment out in a pool about a month ,	prior to the trip and h	have it serviced by the manufacturers' guidelines.	
Name as on Passport: Please send a cur	rent copy of your r	passport:	
Passport Number:			
Citizenship:			
Date of Birth:			
		Airline:	
Credit Card Number:		Airline: EXP: CCV:	
Preferred Seating on Aircraft:			
Special Needs/Requests:			
		elationship: Phone:	
		mber: Expiration Date:	
		Certification Agency:	
Nitrox Card Number:	Cortificat	tion Agency:	
Number of Dives:	Certificat	Number of Salt Water Dives:	
		e, you will need to take a refresher course from a current cer	
When was your equipment serviced last	by a certified divid	ing technician:	
		tor, gauges and computer are in good working order, please	check
		have it serviced by the manufacturers' guidelines.	