

Please return this document with payment to: Divers Training & Supply, Inc. P.O. Box 11592, Charleston, WV. 25339
Scuba Diving Trips : Spring / Summer / Fall 20__

Name: _____ Age: _____ Certification Status: _____

Address: _____ City: _____ Zip Code: _____

Phone # (H): _____ (W) _____ Soc. Sec. #: _____ Height: _____ Weight: _____

Cell Phone: _____ E-mail : _____ Fax: _____

Emergency Contact Information: _____ Relationship: _____ Phone #: _____

Insurance Company: _____ Policy Number: _____

Scuba Gear Sizes: BCD Size: _____ Wet Suit: _____ / _____ Weight: _____ / _____
make size fresh salt

Notes: _____

Trip One:

I will be attending the trip to _____ / _____ / _____ (See Itinerary)
Cost is \$400.00 per person plus \$50.00 Open Water Fee if you are doing your certification. (\$450.00 total)

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I will be attending as: Open Water Student. Training Instructor's Name: _____
 Instructor Dive master Dive master Candidate Pleasure Diver Non Diver

Pleasure Diver: Cost is \$ 350.00 per person (Includes dive gear, entrance fees, lodging, & lunches)

Non Diver: Cost is \$ 155.00 per person. (Includes entrance fees, lodging, & lunches)

***** Please make checks payable to: Divers Training & Supply, Inc. P.O. Box 11592 Charleston, WV. 25339**
**** Note: Lost, damaged, or stolen equipment is the responsibility of the user to replace ****

Other Trips:

I will be attending the trip to Cozumel Mexico Referral to _____
Please make checks payable to: Divers Training & Supply, Inc. and fill out a terms and conditions sheet (Cozumel Only)
If you are certifying with an instructor other than Mr. Corbett Please pick up your referral form to take with you.

I will not be doing my certification at this time. I will have to make other arrangements for my O. W. check out dives.

Document of Payment

Receipt _____ / _____ Refund / Disbursement

_____ **Trip One : North Carolina** **Cozumel** **Referral**
Student's Name Activity

Date Paid: ____ / ____ / ____ Notes: _____

Check #: _____

Amount: _____ Instructor: _____ Student: _____