



Please, complete the form and send it back to us.

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| Contact Name: |  |
| E-mail:       |  |

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|-------|----------|-----------|
| Hotel | Check in | Check out |
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| Name | Activity | Activity Dates | Divers Only! |                     |                       |                        |
|------|----------|----------------|--------------|---------------------|-----------------------|------------------------|
|      |          |                | BCD Size     | Certification level | Total Number of dives | Date of your last dive |
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**PADI Courses**

| Name | Course | Start date | Comments |
|------|--------|------------|----------|
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Anything else we need to know: