

Australia Trip - Registration Form

Aqua Ventures, Inc.

9731 York Road, Cockeysville, MD 21030 410-66-OCEAN / 410-666-1892 FAX
Michael@AquaVenturesOnline.com / www.AquaVenturesOnline.com

----- Personal Info -----

Name: _____ Date of Birth: ____/____/____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: (____)____-____ Cell Phone #: (____)____-____

Sex: M ____ F ____ Email Address: _____

Emergency Contact: _____ Phone #: (____)____-____

----- Travel Info -----

Age at Time of Travel: ____ Trip Package: Option #1 ____ Option #2 ____ Option #3 ____

Cabin Type: Twin Share ____ Quad Share ____ Ocean View ____ Stateroom ____

Airplane Seat: Aisle ____ Middle ____ Window ____ Travel Insurance: Y ____ N ____

Frequent Flyer # (American or Quantas Airlines only): _____

Medical Condition(s)/ Allergy(s): N ____ Y ____ If Yes list: _____

Dietary Need(s): N ____ Y ____ If Yes list: _____

Name of Roommate in Hotel: _____

----- Diving Info -----

Total # of Dives to Date: _____ Highest Certification Level: _____

Date of Last Dive: ____/____/____ Deepest Dive: _____ # Years Diving: _____

Certifying Agency & Card #: _____

DAN Insurance #: _____

Please return this application along with a photocopy of the inside of your passport.

Thank You,
Michael Eversmier, President
Aqua Ventures, Inc.