

DiverMojo Trip Registration Form

www.divermojo.com

merlin@divermojo.com

Destination

Departure Date

PLEASE PROVIDE THE FOLLOWING INFORMATION TO COMPLETE YOUR RESERVATION:

Name on Passport

Preferred Name

Citizenship

Passport #

Expiration

DOB

Address

City

State

Zip/Country

Mobile Phone

Emergency Contact: Name

Relationship

Mobile Phone

Are you a medical professional?

Your E-mail

Time/Date of Arrival

Airline Flight #

Time/Date of Departure

Airline Flight #

T-Shirt Size: Men / Women

Special Dietary Requirements?

DIVING INFORMATION

Which diving certification and level do you hold?

Please provide your certification card #, date and place of Issue

Total number of dives?

How many dives have you completed in the last year?

Are you interested in diving Nitrox? Yes _____ No _____

Are you interested in Night Dives? Yes _____ No _____

What is the date of your most recent dive?

Where?

Do you have any medical conditions, history or physical Impediment which would make diving challenging or require a physician's approval? If yes, please explain:

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DIVING INFORMATION (CONTINUED)

Will you need to rent gear?

BCD (Size: XS S M L XL) Regulator/Gauges

Wetsuit (Size: XS S M L XL) Dive Computer (if available)

Are you interested in taking any classes on the trip Yes ___ No ___ Which Class?

Advanced Open Water ___ Nitrox ___ Deep ___ Other

Your dive insurance company and policy?

Do you have a trip attendee with whom you prefer to room?

Photo Release

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Signature _____ Date _____