



AQUA – TEK SCUBA LTD.
CAROL KILBORN & JEFF STALS
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Explorer Charter Reservation Form

NAME:

ADDRESS:

CITY, PROV. POSTAL CODE :

EMAIL ADDRESS:

CONTACT PHONE NUMBER:

IN CASE OF EMERGENCY CONTACT:

DATES OF CHARTER:

ROOM RESERVATION DATES: _____ **CHECK OUT DATE** _____

TYPE OF ROOM: SINGLE OR DOUBLE (circle)

TANK RENTALS: YES OR NO (circle) **TANK SIZE:** _____

TYPE OF TANK FILLS: NITROX OR AIR (circle)

GEAR RENTAL: YES OR NO (circle)

WEIGHT BELT: YES OR NO (circle) **HOW MANY LBS?** _____

FREE WEIGHTS: YES OR NO (circle) **HOW MANY LBS?** _____

FORM OF PAYMENT: CASH _____ CREDIT CARD _____

NAME ON CREDIT CARD: _____

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____

BILLING ADDRESS: _____

SIGNATURE: _____

TRIP NUMBER WITH AQUA-TEK: _____

COURSES ON TRIP: _____

NUMBER FROM SAME HOUSEHOLD: _____

PLEASE RETURN VIA FAX, E-MAIL OR DROP OFF AT THE SHOP

For Office Use Only:

(IF APPLICABLE)

Total Charter: _____ LESS SAVINGS PROGRAM _____ ACTUAL COST _____

Tank Rental: _____ LESS SAVINGS PROGRAM _____ ACTUAL COST _____

Gear Rental: _____ LESS SAVINGS PROGRAM _____ ACTUAL COST _____

Tank Fills Needed #: _____ ACTUAL \$ OR FILL CARD _____ ACTUAL COST _____

TOTAL COST _____

DEPOSIT AMOUNT:& DATE _____

CANCELLATION PENALTY _____

BALANCE DUE OR REFUND AMOUNT & DATE _____