



dive adventures

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DIVE GROUP BOOKING FORM

Trip: _____

DATE		Date Received by Fly and Sea Dive Adventures	
PASSENGERS (Please ensure correct spelling of names as they appear on the passport)	Date of Birth: (day/month/yr)	HOME PHONE	BUSINESS PHONE
1.		ADDRESS incl. postal code	
2.		ADDRESS incl. postal code	
email address:			

Smoking/Non:	Special Meal requests:
<input type="checkbox"/> Single diver wishing to share	Sharing with:
Certification Level:	Non-Diver:
Rental Equipment needed:	Frequent Flyer No:
Other special requests:	Airline Seat Request <input type="checkbox"/> Aisle <input type="checkbox"/> Window
Air Gateway:	Optional Excursions:
Trip Extension:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

NOTES:	AMOUNT	
	TAX	
	OTHER	
	OTHER	
	INSURANCE	
	TOTAL AMOUNT	
	1. DEPOSIT PAID	
	2. DEPOSIT	
Referred by:	BALANCE DUE	

Form of payment: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card No: _____	exp. _____
Client Signature: _____	

Please send to: FLY AND SEA DIVE ADVENTURES FAX (604) 596-7177