

DiverMojo Trip Registration Form

www.divermojo.com

merlin@divermojo.com

Destination

Departure Date

This form must be completed by each applicant and returned with your deposit to complete your reservation. As payment and cancellation policies can vary by destination, please review your reservation confirmation letter for deposit amounts, payment schedules and related cancellation penalties.

PLEASE PROVIDE THE FOLLOWING INFORMATION TO COMPLETE YOUR RESERVATION:

Name on Passport

Preferred Name

Citizenship

Passport #

Expiration

DOB

Address

City

State

Zip/Country

Home Phone

Mobile Phone

Emergency Contact: Name

Relationship

Home Phone

Alternate Phone

E-mail

Time/Date of Arrival

Airline Flight #

Time/Date of Departure

Airline Flight #

T-Shirt Size: Men / Women

Special Dietary Requirements?

Are you a medical professional?

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?

Are there any additional notes regarding the trip in which we should know?