INSTRUCTOR: Number: TD24-0

## **CUSTOMER BOOKING FORM**

Please write clearly ©

First Name:			Nationality:	
Last Name:			Phone:	
Date of birth :		,	Emergency phone:	
E-mail:			Where did you hear	about us ?
Home address:		DC	♦Street ♦ Internet	♦ Trip Advisor ♦ Friend:
Hotel & Room №:	MIN	IG	Videos (30€ P.P) ◇ photos (20€ P.P) ◇	NO ♦ YES NO ♦ YES
♦ I agree that my pictures can be posted on social network ♦ YES ♦ NO				
A deposit is required to book an activity, the balance must be paid in full before starting the activity. Not refundable.				
	PLEASE NOW	FILL UP THE	MEDICAL STATEM	ENT
/ Divo Contor will fill up the TIME & INSTRUCTOR)				
( Dive Center will fill up the TIME & INSTRUCTOR)  TRY DIVE				
Sign up date	Start Date	Tim	ne Instruc	tor Price
				80€
I understand that I am responsible for any materials and/or gear that is loaned or used by me and I will pay for any damages or loss that occurs as a result of my negligence.				
	<b>◇ Cash</b>	♦ Credit Ca	rd TOTAL:	
			Deposit: Balance:	
Signature:	Date:			
BCD:	Fins: W	etsuit : \	Weights:	