



Pim's Tekdiving PTD

Registration Form



Stay duration

Arrival date: _____

Departure date: _____

Personal Information

Surname: _____

Given Names: _____

Residential Address: _____

Email: _____

Telephone Number: _____

Scuba Diving Certification

Certifying Agency and Level: _____ Certification Number: _____

Number of dives completed: _____ Date of last dive: _____

Deepest dive (mtrs / where / when): _____

Emergency & Dive / Travel Insurance Information

Name of Emergency Contact Person: _____

Emergency Contact's Relationship: _____

Emergency Contact's Telephone Number(s) Day: _____

Evening: _____

Name of Insurance Company: _____

Insurance Certificate Number: _____

Insurance Company Emergency Telephone Number: _____