

Crystal Divers Fiji

PO Box 705
Rakiraki, Fiji

DIVER INFORMATION

(Please Print)

Name (Last) _____ First _____ Title _____
Address _____ Brithday _____
City _____ State/Province _____ Postal Code _____ Country _____
Home Phone _____ Office Phone _____ Fax Phone _____
Started Diving (Date) _____ Certifying Agency _____ Certification Number _____
Number of Dives to Date _____ Date of Last Dive _____ Certification checked by (Name) _____

In Case Of Emergency Contact:

Name (Last) _____ First _____ Relation _____
Address _____
City _____ State/Province _____ Postal Code _____ Country _____
Home Phone _____ Office Phone _____ Fax Phone _____
Are you on any Medication? _____ If Yes What? _____
Are you Allergic to Any Medications? _____ If Yes What? _____

Would you like to recieve our Newsletter? _____

E - Mail Address: _____

Any Special needs or Requirements: