



ENGLISH

Course Registration

Please Print Clearly in CAPITALS so that your PADI Card is Correct!

Divers Name: _____

ID or Passport nr.: _____

Type of Course: *Scuba Diver* *Open Water* *Advanced* *Rescue* _____

Date of Course: _____ Date of Return Flight: _____

Hotel: _____ Room Number: _____

Holiday / Diving Insurance provider _____ Expires by _____ Max Depth ____

Emergency Contact in Gran Canaria: _____

Mobile Phone Number to contact you in Gran Canaria: _____

Date of Birth Day _____ Jan Feb Mar April May June July Aug Sept Oct Nov Dec Year _____



If second level course details of diving history:-

Number of dives: _____ Date of Last dive _____

Details of qualification _____ Cert Number: _____

Divers Home Address (For your PADI Qualification Card)

Address1: _____

Address2: _____

Country : _____ City/Town _____ Post Code _____

E- Mail Address: _____

Signature of Participant: _____ Date _____

(Parent or Guardian if under 16, I give my express permission for diving):

Signature Parent or Guardian: _____

Centre Use Only

INSURANCE (not OWC) DAY 1 WEEK 1 MONTH 1 YEAR	EQUIPMENT COMPUTER	NITROX TANKS	BOAT SUPPL.	PADI BOOK / PACK	LOGBOOK	OTHER
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