



# TRIP BOOKING FORM

SURNAME:		MR/MISS/MRS/DR/PROF		
FULL FORENAME(S):	<i>(NB as it appears on your passport)</i>			
NICKNAME (S):				
GENDER:	Male:		Female:	
ID NUMBER:				
DATE OF BIRTH:				
PASSPORT NUMBER:		NATIONALITY:		
PASSPORT ISSUE DATE:		PASSPORT EXPIRY DATE:		
T-SHIRT SIZE:	Men's:		Ladies:	

<b>STREET ADDRESS:</b>	
SUBURB:	
CITY:	
POSTAL CODE:	

<b>POSTAL ADDRESS:</b>	
SUBURB:	
CITY:	
POSTAL CODE:	

CELL NUMBER:		WORK NUMBER:	
FAX NUMBER:		HOME NUMBER:	

SPECIAL DIETRY REQUIREMENTS:	
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Affiliated Dive Centre:	ALPHA DIVE CENTRE	Dive No:	
		<i>(as per your card)</i>	

Dive Membership Number:		<i>(please attach proof)</i>
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EMERGENCY CONTACT PERSON:			
NAME:		CONTACT NUMBERS:	
RELATIONSHIP:			

Signature:..... Date: .....

**\*NB\* Please supply us with a copy of your PASSPORT and DIVE CARD**