



**DDS INTERNATIONAL TRIP RESERVATION FORM**

**YES!! I WANT TO GO TO:** Trip Location: \_\_\_\_\_ Dates: \_\_\_\_\_

**Full legal names of travelers** (separate form required for each family):

NOTE: For international travel, name must match either passport or birth certificate

(1) \_\_\_\_\_ Diver ? \_\_\_\_ Cert Level \_\_\_\_\_ # of Dives \_\_\_\_\_ D.O.B. \_\_\_\_\_

(2) \_\_\_\_\_ Diver ? \_\_\_\_ Cert Level \_\_\_\_\_ # of Dives \_\_\_\_\_ D.O.B. \_\_\_\_\_

(3) \_\_\_\_\_ Diver ? \_\_\_\_ Cert Level \_\_\_\_\_ # of Dives \_\_\_\_\_ D.O.B. \_\_\_\_\_

(4) \_\_\_\_\_ Diver ? \_\_\_\_ Cert Level \_\_\_\_\_ # of Dives \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_ Postal Code \_\_\_\_\_

Phone (day) \_\_\_\_\_ Phone (evening) \_\_\_\_\_ E-mail: \_\_\_\_\_

CREDIT CARD NUMBER: \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_ CVV: \_\_\_\_\_

Roommates: I need a Roommate (Y/N) \_\_\_\_ I am rooming with: \_\_\_\_\_ I'm a smoker (Y/N) \_\_\_\_

I want to keep up to date on latest dive events, news and sales. Add me to your mailing list! Y/N \_\_\_\_

Special requests (e.g. diet, allergies, accessibility): \_\_\_\_\_

Do you have any medical history, medical condition, or medical impairment which would make traveling, diving, or other dive travel related activities dangerous, hazardous, or expose you to exceptional risk? \_\_\_\_

If "YES", please explain: \_\_\_\_\_

Are you currently a member of DAN? \_\_\_\_ Member # \_\_\_\_\_ Would you like membership information? \_\_\_\_

**Emergency Contact:** Name \_\_\_\_\_ Phone (day) \_\_\_\_\_ Phone (evening) \_\_\_\_\_

What rental equipment will you need, if any? \_\_\_\_\_

On this trip, would you like to further your dive education with an Advanced or Specialty course? \_\_\_\_\_

**ALL TRIP PAYMENTS ARE NON-REFUNDABLE AND NON-TRANSFERABLE.** To protect yourself against pre-trip cancellation or travel emergencies, we highly recommend you purchase Trip Cancellation Insurance. A policy description and quote is available online through a link in the travel section of our travel partner's web site at <http://www.flyandsea.com/travel-insurance/>. Online enrollment is also available.

All information on this form is true. I have read and understand trip cancellation and Cancellation Insurance guidelines.

\_\_\_\_\_  
Signature of traveler or head of family

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
DD / MM / YYYY

NOTE: Due to fluctuations in airfares, taxes, etc., no trip quote can be guaranteed. Any changes by the customer in dates, accommodations, flight schedules, or other aspects of trip can affect the trip price and/or result in added administrative charges. **Please read, sign and date the "General Release, Assumption of Risk, Waiver of Liability and Indemnity Agreement".**