

Registration form



Please complete in block capitals.

| | | | |
|----------------------------------|--|-----------------|--|
| SURNAME | | MEMBER # | |
| FIRST NAME(S) | | | |
| ADDRESS Inc. postcode | | | |
| EMAIL | | | |
| TELEPHONE | | | |
| DATE OF BIRTH | | | |

| | |
|---|--|
| DIVING ORGANISATION (EG padi,saa,bsac) | |
| DIVING QUALIFICATION | |
| QUALIFICATION NUMBER | |
| DIVING CERTIFICATION DATE | |

NEXT OF KIN:

| | |
|----------------------------------|--|
| CONTACT NAME | |
| RELATIONSHIP | |
| EMMERGENCY CONTACT NUMBER | |

| | |
|---|-----------------|
| Please indicate if you wish to be included in our mailing list | YES / NO |
|---|-----------------|

I am the above named person and I agree to abide by the rules and procedures at Blue Lagoon Diving & Leisure, a copy of which I have been given for my own reference.

Signature : Date: