ONE BINDS VIRGINIEUMS
Arrival Date:
Accommodation Name/ Bo

NE BI	ΔΟΥΔΝ	Party Name:					
		CE/TAB RESERVATION DETAIL					
	Billing Pa	arty Name:					
	Billing A	ddress:					
	Contact	Number/Er	mail:				
VIRGIN ISLA	nan.	iii.			staff use only		
Arrival Date:	ma (placas i	Departure D		-	booking	rec.by:	
Accommodation Name/ Boat Na	me (piease i	nciude charte	r company name).			notes:	
						notes.	
Diving/snorkel/trip Dates:					_		
Pick Up Location:							
Guest Names & Information	n	Please Pri	nt		_		
Last, First		Level	# Logged Dives	Date Last Dive	BCD (size)	Reg (✓)	Nitrox(✓)
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			1				
Level of Certification Key***		Student Key - Use in lieu of "Level of Certification"					
OWD - Open Water Diver	RES - Rescue Level		STU - Referral Student (please add Agency-SSI, Padi, NAUI, etc.)				
SD - Scuba Diver (Only PADI)	DM - Dive	Master	ASTU - Advanced Open Water Student				
AOW - Advanced Diver	SN - Snorkeler/Rider		FOWC - Full Open Water Course				
JOW - Jr. Open Water - also spe	ecify age		JRSTU - Junior Referral Student - also specify age				
***All Certified Divers Must Show	Dive Card	Upon Checkin	ng In/Rendezvous				
Divers who have not dived in two							oral
review or refresher course prior t	-	_					
In order to secure and confirm Dive BVI cancellation poli	-				=	-	ourc
By providing this information,	= -						
Please provide us with the	-	-	ou will be criarge	a ioi caricenalio	ก่อ แก่งlut Ul	24 HOUIS.	
Master Card/ VISA		merican Expre	ess				
		,					

i lease provide as with th	e information below.	
Master Card/ VISA	American Express	
Master Cara, Viert	/ information Express	
Card Number		
Card Number		
//		
Expiration Data (MM/VV)	CCV code (on back)	
Expiration Date (MM/YY)	CCV code (on back)	
Nie oranie o na 17 de anno 1		_
Name on card (please type	pe name)	

Signature of Card Holder (sign upon arrival if emailed)

PLEASE E-MAIL TO INFO@DIVEBVI.COM or FAX 1-284-495-5347

Call toll free 1-800-848-7078