

**COIBA DIVE EXPEDITIONS, PANAMA.
PASSENGER INFORMATION FORM**
TELE/FAX +507 232 0217 or +507 232 0216

EXPEDITION DESTINATION:		MALE OR FEMALE.	
EXPEDITION DEPARTURE DATE:		EMAIL ADDRESS	
FULL NAME		*SKYPE CONTACT NAME.	
DAY TELEPHONE		CITIZENSHIP	
NIGHT TELEPHONE		*DATE OF BIRTH	
ADDRESS		CITY/ COUNTRY OF BIRTH	
STREET		PASSPORT NUMBER	
TOWN/ CITY		*HEIGHT/ WEIGHT	
COUNTRY.		SCUBA CERTIFICATION LEVEL AND CARD NUMBER	
POSTAL CODE		DIVING ACCIDENT INSURANCE PROVIDER AND POLICY NUMBER	
OCCUPATION *		TRIP INSURANCE PROVIDER AND POLICY NUMBER	

(*Optional)

EMERGENCY CONTACT INFORMATION; (please print)

CONTACT # 1		TELEPHONE 1	TELEPHONE 2	RELATIONSHIP
NAME.				
EMAIL				
PHYSICAL ADDRESS.				

CONTACT # 2		TELEPHONE 1	TELEPHONE 2	
YOUR DOCTORS NAME				
EMAIL				
PHYSICAL ADDRESS.				

TRAVEL DETAILS

For guests arriving early; please let us know where you will be staying prior to boarding, should a scheduling or departure change occur.	ARRIVAL INFORMATION:	Date	Time	Airline	Flight #
	DEPARTURE INFORMATION:				
	ACCOMMODATION INFORMATION:				

TYPE OF ROOM REQUIRED. **VIP / DOUBLE CABIN**
(We cannot guarantee availability)

PLEASE SUMMERISE YOUR DIVING EXPERIENCE.

How many logged dives?

5 to 15, / 15 to 25, / 25 to 35 / 35 to 50. / 50 to 100 / 100+ / 200 +

How would you rate yourself as a diver?

Non-Diver. Beginner. Intermediate. Experienced. Expert.

Date and Location of Last Dive: DD____ MM ____YY____. Location _____

EQUIPMENT RENTAL AND SPECIALITY DIVE COURSES REQUIRED.

Regulator . BCD . Wet Suit . Fins . Mask . Computer . Nitrox Course .

Please state Size/s

Do you have any medical history, condition, or physical impairment that we should be aware of, or are you currently taking any prescription or other medication that may affect you directly or indirectly (via side effects) while participating in activities aboard or based from the vessel? **NO / YES**

Note: If yes, please describe in the space provided below or on a separate piece of paper the medication or condition and its effects, as well as what procedures must be followed by the crew should you fail to take your medication for any reason. Please also refer to Item 4 on the Assumption of Risk/Liability Release Form.

Please describe;

Do you have any special dietary requests or requirements? Please specify.