



# BOOKING FORM

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[dive@prodiver.co.za](mailto:dive@prodiver.co.za)

*All fields need to be completed in full and to accompany your deposit please.*

SURNAME:	<input type="text"/>	MR/MISS/MRS/DR/PROF:	<input type="text"/>
FULL FORENAME(S):	<input type="text"/> <small>(NB as it appears on your passport)</small>		
PREFERRED NAME:	<input type="text"/>		
GENDER:	Male: <input type="checkbox"/>	Female: <input type="checkbox"/>	
ID NUMBER:	<input type="text"/>		
DATE OF BIRTH:	<input type="text"/>		
PASSPORT NUMBER:	<input type="text"/>	NATIONALITY:	<input type="text"/>
PASSPORT ISSUE DATE:	<input type="text"/>	PASSPORT EXPIRY DATE:	<input type="text"/>
T-SHIRT SIZE:	Men's: <input type="text"/>	Ladies: <input type="text"/>	

**STREET ADDRESS:**

**SUBURB:**

**CITY:**  **POSTAL CODE:**

**\*PLEASE ENSURE THAT YOU COMPLETE YOUR PHYSICAL ADDRESS\***

E-MAIL ADDRESS:	<input type="text"/>		
CELL NUMBER:	<input type="text"/>	WORK NUMBER:	<input type="text"/>
FAX NUMBER:	<input type="text"/>	HOME NUMBER:	<input type="text"/>
SPECIAL DIETRY REQUIREMENTS:	<input type="text"/>		
SEATING PREFERENCE: <small>(Window or Isle)</small>	<small>(Applicable to certain Airlines only and subject to class booked)</small>	FREQUENT FLYER NO:	<input type="text"/>

**\*PLEASE ENSURE THAT YOU COMPLETE ALL DIVE INFORMATION\***

Affiliated Dive Centre:	<input type="text"/>	Dive No: <small>(as per your card)</small>	<input type="text"/>
Level of Dive Certification:	<input type="text"/>		
Nitrox Diver (Yes/No)	<input type="text"/>	Dive Insurance #:	<input type="text"/>

EMERGENCY CONTACT PERSON:			
NAME:	<input type="text"/>	CONTACT NUMBERS:	<input type="text"/>
RELATIONSHIP:	<input type="text"/>		<input type="text"/>

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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