AQUA CAT CRUISES TRIP APPLICATION

PO Box 66-1658, Miami, FL 33266 · 305-888-3002 · 888-327-9600 · 305-885-3323 fax
app@aquacatcruises.com · www.aquacatcruises.com

Personal Information

_____ _____ _____ Male____ Female____
First Name Last Name Date of Birth (MM/DD/YY)

_____ _____
Address Trip Date (MM/DD/YY)

_____ _____ _____ _____
City State Zip Code Country

(_____)_____ (_____)_____ _____
Phone # Day Phone # Evenings Citizen of

Email address: _____ Would you like to receive our newsletter: yes no

Travel Information

Flight Info_____ _____ _____/_____ _____ _____ _____/_____
Arrival Airline Flight # Arrival Date/Time in Nassau Depart Airline Flight # Date Time

We provide complimentary transfers on Saturdays to and from the airport and the vessel.
I request airport transfers Yes No Is this your 1st Aqua Cat Cruise? Yes No

Special Requests _____

We highly recommend the purchase of travel insurance. This will protect you in case you have to cancel your trip due to unforeseen circumstances. You may obtain information about travel insurance from our office or our website. Have you purchased travel insurance? Yes No

Diving Information

Are you a certified diver? Yes No # of Dives? _____ _____
Certifying Agency/Level/Certification #

Nitrox fills
I rate my skill as a scuba diver: Beginner Intermediate Advanced Non Diver

Rental Requests

Photo Equipment Specify _____Regulator Dive Computer Dive Light
Wetsuit: Full Shorty Size _____ BC Size _____ If renting a BC or Wet Suit: height:____weight:_____

Instruction Requests

Full Certification Open Water Checkouts Discover Scuba Advanced Nitrox Diver
U/W Photographer U/W Video Night Diver Deep Diver U/W Naturalist

Medical Information

_____ (_____)_____ (_____) _____
Contact in case of emergency Day Phone # Evening Phone #

_____ _____
Required medication Medication which may not be given

_____ _____
Medical Alert Information Diver's Insurance Company & policy #

In case of a medical emergency, I authorize the crew of the vessel to administer first aid or get proper medical attention if necessary. I understand that the nearest recompression chamber is hours away and may require air evacuation. The time involved with boat and air transport poses additional risk to my personal safety. I accept this risk and am fully prepared to pay all expenses related to evacuation and treatment should it be deemed necessary by myself or the vessel.

_____ _____
Signature Date