SEA-SCAN UNDERWATER ADVENTURES

Mango's Dive Center

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office: +63 929 648 6051/terry:+63 906 542 3440 /ken:+63 995 235 5578
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NAME:_____ **DATE OF BIRTH:**_____
ARRIVAL DATE:_____ **DEPARTURE DATE:**_____
ADDRESS IN SUBIC:_____
HOME ADDRESS:_____
CONTACT NO:_____
NATIONALITY:_____ **EMAIL ADD:**_____

EMERGENCY CONTACT PERSON:_____
ADDRESS:_____
CONTACT NO._____

DIVE ORGANIZATION:_____**CERT. LEVEL:**_____
NO. OF DIVES:_____**DATE OF LAST DIVE:**_____

DO YOU HOLD A DIVERS INSURANCE ( )YES ( )NO, IF YES PLEASE PROVIDE:
INSURANCE POLICY NO._____
INSURANCE CARRIER NO._____
CONTACT INFORMATION:_____

#	DATE	LOCATION	GUIDE	BOAT	DESCRIPTION/ REMARKS	EQUIP. RENTAL	AMOUNT	TOTAL
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2								
3								
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