

Shark Dive CLE

Divers Name

Age

Last

First

Divers Email _____

Emergency Contact Name _____

Emergency Contact Phone Number _____

Relationship to Diver _____

Alternate Emergency Contact Name _____

Alternate Emergency Contact Phone Number _____

Relationship to Diver _____

Dive Certification Level: _____

Cert. Number: _____

Date Completed: _____

Number of dives: _____

Date of last dive: _____

My dive experience is:

Beginner _____

Intermediate _____

Advanced _____

Expert _____

Where have you dove?

Do you dive in:

Lakes/Quarries _____

Ocean _____

Shore _____

Boat _____

Do you have any aquarium diving experience?

YES / NO

Is this diving experience a gift from someone?

YES / NO

Are you traveling by plane to Cleveland?

YES / NO

Are you a member of an organized dive club? If yes please give details.

What are your feelings toward the Shark Dive CLE:

Thrilled _____

Excited _____

Anxious _____

Nervous _____

