

HORIZO

CHARTERS

DIVER PRE TRIP INFORMATION

PLEASE PRINT OUT AND BRING WITH YOU

Name (Print) _____

Please answer the following questions as completely as possible to assist us in providing for all your needs or in the event of an emergency.



Health:

Please give us a general overview of any medical considerations that we should be aware of. This information could help us in the event of an emergency and will be kept confidential.

Emergency Contact/Relation: _____ / _____

Phone # : _____ Alt Phone # : _____



Diver Questionnaire:

Will you be scuba diving, snorkeling, or both? _____

If you will be snorkeling only, have you snorkeled in the past? _____

Highest scuba certification level: _____

Certifying agency and diver # _____ # _____

Length of time certified: _____ Number of dives: _____

Have you dived in the past 4 months? _____

If **YES**, when and where? _____

Have you dived in kelp? _____ Have you dived in current? _____

Have you dived at this trips scheduled destination? _____



Dietary:

If you have any dietary restrictions, needs or preferences please let us know so we can accommodate you as best as possible.
