

THE DIVE LOCKER STUDENT ENROLLMENT FORM

Personal Information:

Last Name: _____ First Name _____
 Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Contact Phone: _____
 E-Mail: _____
 Date Of Birth: _____

Diving Information: Previous Dive Experience:

Snorkeling Hours: _____ Scuba Diving Hours: _____ # of Dives _____
 Date of Last Dive: _____ Certification? _____

Certification Dives:

Will you be completing your Open Water Training Dives with The Dive Locker? _____ If yes, then when? _____
 If No, you will receive a Universal Referral Form upon completion of your class and pool training.
 Where will you be conducting your dives? _____
 Date Leaving: _____ Returning: _____

Equipment Specifications:

Please indicate the items you presently have/own:

Mask	Fins	Snorkel	Wetsuit Boots	Wetsuit
Hood	Gloves/Mitts	BCD	Regulator	Tank/Cylinder
Weight/Belt	Camera	Dive Knife	Dry Suit	Misc.

How did you find out about this diving program?

Friend	Flyer	Radio	TV
Newspaper	Yellow Pages	Internet	Other Dive Store
Drive By/Sign	Other		

Office Use Only:

Class Date/Number: _____ Student Kit: _____