

AQUATECH DIVING CENTRE

COURSE ENROLMENT FORM

PLEASE COMPLETE ALL FIELDS CLEARLY IN BLOCK CAPITALS

First name	MI	Surname
<input style="width: 100%;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 100%;" type="text"/>

Email

Address

 Postcode

Date of Birth / / Gender Male Female

Telephone

Mobile
Landline

Occupation

Have you ever tried scuba diving before? (Please tick) Yes No

If 'Yes' please indicate your highest level of diving to date:

Try Dive / Discover Scuba Dive	<input style="width: 20px; height: 20px;" type="checkbox"/>	PADI Open Water	<input style="width: 20px; height: 20px;" type="checkbox"/>
PADI Advanced	<input style="width: 20px; height: 20px;" type="checkbox"/>	PADI Rescue Diver	<input style="width: 20px; height: 20px;" type="checkbox"/>
PADI Divemaster	<input style="width: 20px; height: 20px;" type="checkbox"/>	PADI Instructor	<input style="width: 20px; height: 20px;" type="checkbox"/>
Other Agency (please specify)	<input style="width: 100%; height: 20px;" type="text"/>		

Where did you hear about Aquatech? (Please tick)

Internet	<input style="width: 20px; height: 20px;" type="checkbox"/>	Seen building	<input style="width: 20px; height: 20px;" type="checkbox"/>	
Word of mouth	<input style="width: 20px; height: 20px;" type="checkbox"/>	Other (specify)	<input style="width: 100%; height: 20px;" type="text"/>	

COURSE(S) REQUIRED:

COURSE DATE(S):

OFFICE USE ONLY

Course Fee	£	Date	Signed
_____	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
_____	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
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