



<b>GROUP</b>	DIVE SCHOOL / CLUB NAME: _____	DATE OF VISIT: _____
	CONTACT PHONE: _____	ARRIVAL TIME: _____
	EMAIL: _____	OPT IN TO EMAIL LIST <input type="checkbox"/>

**FOR EVERY FOUR PAYING STUDENTS LISTED BELOW, ONE STAFF MEMBER GETS IN FREE**

**PLEASE NOTE:** FORMS MUST BE COMPLETED IN FULL TO QUALIFY FOR FREE STAFF SPACES

<b>STAFF #1</b>	FULL NAME: _____
	CONTACT PHONE: _____
	EMERGENCY CONTACT: _____
	EMERGENCY PHONE: _____
	INSTRUCTOR <input type="checkbox"/> DIVEMASTER <input type="checkbox"/>
	MEMBER # <input type="text"/> TAG # <input type="text"/>

<b>STAFF #2</b>	FULL NAME: _____
	CONTACT PHONE: _____
	EMERGENCY CONTACT: _____
	EMERGENCY PHONE: _____
	INSTRUCTOR <input type="checkbox"/> DIVEMASTER <input type="checkbox"/>
	MEMBER # <input type="text"/> TAG # <input type="text"/>

<b>STUDENT #1</b>	FULL NAME: _____
	CONTACT PHONE: _____
	EMERGENCY CONTACT: _____
	EMERGENCY PHONE: _____
	DIVER <input type="checkbox"/> NON-DIVER <input type="checkbox"/> DIVER TO PAY <input type="checkbox"/>
	MEMBER # <input type="text"/> TAG # <input type="text"/>

<b>STUDENT #5</b>	FULL NAME: _____
	CONTACT PHONE: _____
	EMERGENCY CONTACT: _____
	EMERGENCY PHONE: _____
	DIVER <input type="checkbox"/> NON-DIVER <input type="checkbox"/> DIVER TO PAY <input type="checkbox"/>
	MEMBER # <input type="text"/> TAG # <input type="text"/>

<b>STUDENT #2</b>	FULL NAME: _____
	CONTACT PHONE: _____
	EMERGENCY CONTACT: _____
	EMERGENCY PHONE: _____
	DIVER <input type="checkbox"/> NON-DIVER <input type="checkbox"/> DIVER TO PAY <input type="checkbox"/>
	MEMBER # <input type="text"/> TAG # <input type="text"/>

<b>STUDENT #6</b>	FULL NAME: _____
	CONTACT PHONE: _____
	EMERGENCY CONTACT: _____
	EMERGENCY PHONE: _____
	DIVER <input type="checkbox"/> NON-DIVER <input type="checkbox"/> DIVER TO PAY <input type="checkbox"/>
	MEMBER # <input type="text"/> TAG # <input type="text"/>

<b>STUDENT #3</b>	FULL NAME: _____
	CONTACT PHONE: _____
	EMERGENCY CONTACT: _____
	EMERGENCY PHONE: _____
	DIVER <input type="checkbox"/> NON-DIVER <input type="checkbox"/> DIVER TO PAY <input type="checkbox"/>
	MEMBER # <input type="text"/> TAG # <input type="text"/>

<b>STUDENT #7</b>	FULL NAME: _____
	CONTACT PHONE: _____
	EMERGENCY CONTACT: _____
	EMERGENCY PHONE: _____
	DIVER <input type="checkbox"/> NON-DIVER <input type="checkbox"/> DIVER TO PAY <input type="checkbox"/>
	MEMBER # <input type="text"/> TAG # <input type="text"/>

<b>STUDENT #4</b>	FULL NAME: _____
	CONTACT PHONE: _____
	EMERGENCY CONTACT: _____
	EMERGENCY PHONE: _____
	DIVER <input type="checkbox"/> NON-DIVER <input type="checkbox"/> DIVER TO PAY <input type="checkbox"/>
	MEMBER # <input type="text"/> TAG # <input type="text"/>

<b>STUDENT #8</b>	FULL NAME: _____
	CONTACT PHONE: _____
	EMERGENCY CONTACT: _____
	EMERGENCY PHONE: _____
	DIVER <input type="checkbox"/> NON-DIVER <input type="checkbox"/> DIVER TO PAY <input type="checkbox"/>
	MEMBER # <input type="text"/> TAG # <input type="text"/>