

# DREAM WEAVER TRAVEL

## TRIP APPLICATION FORM

**BE SURE TO COMPLETELY READ AND SIGN THE BACK OF THIS FORM!**

**Destination** \_\_\_\_\_ **Date of trip** \_\_\_\_\_ **Cost** \_\_\_\_\_

Each applicant must completely read, fill out, sign and return this application along with the appropriate **non-refundable deposit** to reserve space on the foregoing arrangement. DREAM WEAVER TRAVEL (in conjunction with Weaver's Dive Center Inc.) and its cooperative destination incur unrecoverable charges preparing for these groups, therefore there can be no refunds if cancellations occur less than 30 days prior to travel. Cancellations occurring between 31 to 60 days prior to departure will result in a penalty of 50% of land costs. Cancellations that occur up to 60 days prior to travel will result in forfeiture of deposit moneys. Airline tickets are generally non-refundable. Trip insurance is available for purchase through Dream Weaver Travel. This Trip Application must be completed and submitted to Dream Weaver Travel in order to be confirmed on this trip!

**Please provide your legal name for ticketing as it appears on your passport.**

Dive Store Booked Through: **Aquatic Adventures Scuba & Swim, LLC**

Full Legal Passport Name: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Expiration \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Birth Date \_\_\_\_\_

Name of family physician: \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Agency: \_\_\_\_\_ Policy # \_\_\_\_\_

Travel Insurance: \_\_\_\_\_ Policy # \_\_\_\_\_ Decline \_\_\_\_\_  
If you decide not to purchase travel and dive insurance please initial above that you are declining this option. Initial

Dive Insurance: \_\_\_\_\_ Policy # \_\_\_\_\_ Decline \_\_\_\_\_  
If you decide not to purchase travel and dive insurance please initial above that you are declining this option. Initial

Nearest Relative not on trip: \_\_\_\_\_ Phone \_\_\_\_\_

I am a: (A) Non Diver (B) Student (C) Novice (D) Experienced diver (E) Expert Diver (Circle one)

SKIN AND SCUBA divers please complete: Do you have any medical history, medical condition or medical impairment which would make diving or other underwater activities dangerous or hazardous or expose you to exceptional risk, or requires special attention or medication (i.e. rare blood type, asthma, heart problems, diabetes, etc) YES \_\_\_ NO \_\_\_ If YES please explain: \_\_\_\_\_

Have you had SCUBA INSTRUCTION? \_\_\_\_\_ Yes \_\_\_\_\_ No

LEVEL ATTAINED: \_\_\_\_\_ Classroom and Pool \_\_\_\_\_ Openwater Instruction \_\_\_\_\_ Nitrox \_\_\_\_\_ Advanced \_\_\_\_\_  
Rescue \_\_\_\_\_ Divemaster \_\_\_\_\_ Ass't Instructor \_\_\_\_\_ Instructor \_\_\_\_\_ Master

Agency and Certification # \_\_\_\_\_

How many dives have you done? \_\_\_\_\_ Date of Last Dive \_\_\_\_\_

RENTAL GEAR NEEDED: \_\_\_\_\_ BC \_\_\_\_\_ REGULATOR \_\_\_\_\_ WETSUIT \_\_\_\_\_ OTHER \_\_\_\_\_

Dream Weaver Travel – 637-V South Broadway – Boulder, CO 80305 (303) 499-0942 (800) 767-3483

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