VALENTINA LIVEABOARDS FLEET MEXICO OPERATION CENTER Pueblo Marinero Km6.1 Local 60 Interior Marina Costa Baja C.P 23019

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VALENTINA LIVEABOARDS HEAD QUARTERS 2560 Corporate Pl D106 Monterey Park, CA 91745

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M/V VALENTINA APPLICATION FORM

This application must be fully completed and the liability release must be signed by each passenger. A guest's reservation is not considered confirmed without this completed document and deposit. Please return it to VALENTINA LIVEABOARDS headquarters via Email to

info@valentinaliveaboard.com					
Cruise Departure Date:					
Full Given Name (as it appears on your passport)					
First:	Middle: Last:				
Gender:	Date of Birth:				
Occupation:	Nationality:				
Passport #:	Expiration:		Coun	try of Issuance:	
Address:					
City: State	e: Zip o	Zip or Postal Code: Country:			
Phone (day):		Fax:			
Phone (evening):					
Phone (mobile):					
E-mail address:					
Please specify a phone number where you can be reached 24 hours or less before your trip (cell, hotel, etc.)					
Phone (24 hr before):					
Dietary Requests:					
Scuba Cert Agency:	Cert Level:		ard #:	Year certified:	
Total # of dives:	Date /Location of L	ast Dive:			
Dive Insurance #(Required):					
Travel Insurance #(Highly Re	vel Insurance #(Highly Recommended):		Travel Insurance Agency:		
Are you physically fit?	*Request Nitrox	?		*Nitrox Certified?	
What rental equipment do yo	ou need?				
Height:	Height: Weight:		Foot Size:		
Do you smoke?					
Do you have any medical conditions that can affect diving?					
Are you taking any medication?					
Physician to contact in sudden medical condition change:					
Name:	Phone			Email:	
Emergency Contact Information:					
Name:	Relationship:				
Address:					
Phone (day):	Phone (evening)				
Email:					
Travel Details	Date	Time	Airline	Flight Number/City	
Arrival Information					
Departure Information					
*Accommodation Information (if any)					
*For transfer arrangement and emergency contact					
Please list any deviation from standard trip here:					
Please provide a brief summ	ary of your diving experie	nce:			
Are you bringing a rebreathe	r?				

Cancellation policy and payment method is provided separately. The Assumption of Risk, Liability Release and Indemnity is an integral part of this application.

Please make sure to review our Maldives Diving Guidebook prior to travel; it contains valuable information and explains how to contact the vessel should your travel plans be disrupted.

Please initial: ____