

ALL STAR CUAN LAW - TRIP APPLICATION

First Name:	M.I.:	Last Name:	
Nickname:	Date of Birth:	Gender: Male:	Female:
Address:		City/State/Zip:	
Phone: Day:	Evening:	Email:	
Passport Information: N	ame on Passport:		-
Nationality:	Passport Number:	Issue Date:	
Expiration Date:	Issuing Country:	Place of Birth:	
Trip Date:			
Travel Plans: PLEASE NO	OTE: BOARDING IS AT NOON ON DAY OF D	DEPARTURE	
All travelers to the British citizenship is not British o	Virgin Islands need a passport. Check with or American.	the British Virgin Islands Embassy f	or visa requirements if
I am booked a	s a single and you will assign a roommate	I am booked with anothe	er traveler
If part of a group – list gro	oup name:		
	nation: Ground Transfers: We are happy to a Cost is comparable to cab fare and much redirectly to the driver.		
Please select one of the	following options:		
I am flying thro	ugh St. Thomas and using a ferry to transit	to Road Town.	
plan to arrive 1 hour early	n change. It is easier to purchase at the tern to complete their paperwork and get on bo ou will be on and she will arrange pick up th	oard the ferry. You will then call our ⁻	Fortola Operations Manager t
I am flying thro	ugh San Juan and using a commuter flight	to EIS Airport on Beef Island	
We are happy to arrange	transfers from the Beef Island airport to yo	ur hotel and/or the Cuan Law dock.	
I am flying into	St. Maarten for a Down Island trip		
We are unable to arrange paperwork.	e transfers in St Maarten, however taxis are I	readily available for hire. Dock location	on will be on your boarding
	arian, vegan and gluten free are pretty easy s. Finally, if you are celebrating a birthday, a		
Diving Information: Are	you a certified diver?	Skill level:	
Certifying Agency:	Date of last dive:	# of dives log	ged:
Rental Requests:N	NoneRegulatorBC Heig en Water Check Out: Full Cer	ht Weight tification:Adva	anced OpenWater:
	e in a SCUBA Course on board, then please ons, then a doctor must sign off to allow yo		e and bring with you. If you
Medical & Emergency In Please advise us of any m	formation nedical conditions you have and medication	ns you will have with you on board th	at we should be aware of.
	omplete the following information: Divers In the search of		Policy #:
Contact in Case of Emer Contact First and Last Na Evening Phone #:	gency: .me: Day Phone #:	Relationship:	
MANAN AllStart ivoaboar	Day Phone #:		Worldwide