



ALL STAR PHILIPPINES- TRIP APPLICATION

First Name: _____ M.I.: _____ Last Name: _____

Nickname: _____ Date of Birth: _____ Gender: Male: _____ Female: _____

Address: _____ City/State/Zip: _____

Phone: _____ Email: _____

Passport Information: Nationality: _____ Passport Number: _____

Issue Date: _____ Expiration Date: _____ Issuing Country: _____

Trip Date: _____ **Itinerary:** _____

International Flight into Philippines:

Arrival Date: _____ Arriving Airport: _____ Arrival Time: _____ Airline/Flt #: _____

Intra-Philippines Flight (if necessary)

Departing Date: _____ Departing Time: _____ Airline/Flt #: _____

Departing Airport: _____ Arrival Date: _____ Arrival Time: _____ Airport: _____

Departing Philippines Flight: Departing Date: _____ Departing Airport: _____ Departing Time: _____

Additional Travel Information:

Ground Transfers - We provide complimentary transfers to and from the Airport and the dock in Puerto Princesa. If you are not transiting directly to the Stella Maris – Hotel name _____

Or Anilao Hotel (Mindoro Strait itin.): _____

Special Requests: Vegetarian, vegan and gluten free are pretty easy to work with as well as allergies so let us know upon booking if you require special meals. Finally, if you are celebrating a birthday, anniversary, or other special life event please let us know. _____

Diving Information: Are you a certified diver? _____ Skill level: _____

Certifying Agency: _____ Date of last dive: _____ # of dives logged: _____

Rental Requests: ___None ___ Regulator ___Dive Computer___ BC___ Wetsuit___ Height___ Weight

IF you plan to participate in a SCUBA Course on board, then please download a medical form, complete and bring with you. If you answer YES to any questions, then a doctor must sign off to allow you to participate.

Medical & Emergency Information

Please advise us of any medical conditions you have and medications you will have with you on board that we should be aware of. _____

TRIP INSURANCE: DIVE INSURANCE IS MANDATORY: Please complete the following information:

Divers Insurance Company: _____ Policy Number: _____

Will you or have you purchased **travel** insurance? Y_____ N:_____

Contact in Case of Emergency:

Contact First and Last Name: _____ Relationship: _____

Evening Phone #: _____ Day Phone #: _____

Emergency Email Address: _____