



BLACKBEARD'S TRIP APPLICATION

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info@AllStarLiveaboards.com • www.AllStarLiveaboards.com

Please fax/scan this application to our office and bring original to the boat.

Trip Date: _____

_____ Male Female
First Name Last Name MI Nickname or Preferred Name

Address _____ D.O.B. (mm/dd/yyyy) * _____

City _____ ST _____ Zip _____ Country _____

(_____) _____ (_____) _____
Phone # Day Phone # Evenings E-mail address

Would you like to receive our quarterly newsletter advising you of specials and exciting news? YES NO

What travel documents are needed?

All travelers to the Bahamas will need a passport. A passport is required for citizens of all other countries. Check with the Bahamas Embassy for visa requirements if citizenship is not US.

How do you plan to travel to the Bahamas? Plane Other _____

_____	_____	_____/_____
Arrival Carrier	Flight #	Arrival Date/Time
_____	_____	_____/_____
Departure Carrier	Flight #	Departure Date/Time

Special Requests _____

Is this your 1st Blackbeard's Cruise? Yes No

If not, when was your last Blackbeard's Cruise? _____ If not, how many previous Blackbeard's Cruises?

We highly recommend each guest purchase dive accident and dive travel insurance. This will protect you in case you have to cancel your trip due to unforeseen circumstances and provide insurance coverage in the event of a dive injury or illness. You may obtain information about travel insurance from our office or our website. Do you plan to purchase dive insurance and travel insurance?

Yes No

Diving Information

Are you a certified diver? Yes No # of Dives? _____ Salt Water _____ Fresh Water _____

I rate my skill as a scuba diver: Beginner Intermediate Advanced Date of last dive _____

Certifying Agency _____ Level _____ Certification # _____

Rental Requests

We provide tanks, weights and weight belts. BC's, regulator sets, computers, wetsuits and dive lights are available for rent with prior payment. **Rental Requests** Regulator Dive Computer Dive Light

Wetsuit: Full Size _____ BC Size _____

If renting a BC or Wet Suit: height: _____ weight: _____

Medical Information

_____ (_____) _____ (_____) _____
Contact in case of emergency Day Phone # Evening Phone #

_____ Medication which may not be given
Required medication

_____ Diver's Insurance Company & policy #
Medical Alert Information

I attest that this information is correct.

_____ Date
Signature