



**ALL STAR AURORA - 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 Indonesia:

Arrival Date: \_\_\_\_\_ Arriving Airport: \_\_\_\_\_ Arrival Time: \_\_\_\_\_ Airline/Flt #: \_\_\_\_\_

Intra-Indonesian Flight:

Departing Date: \_\_\_\_\_ Departing Time: \_\_\_\_\_ Airline/Flt #: \_\_\_\_\_

Departing Airport: \_\_\_\_\_ Arrival Date: \_\_\_\_\_ Arrival Time: \_\_\_\_\_ Airport: \_\_\_\_\_

Departing Indonesia Flight:

Departing Date: \_\_\_\_\_ Departing Airport: \_\_\_\_\_ Departing Time: \_\_\_\_\_

**Additional Travel Information:**

Ground Transfers - We provide complimentary transfers to and from the Airport and the Aurora. Please list the name of your hotel if you are not transiting directly to the Aurora. We can assist with ground transfers to and from hotels for a small fee. Hotel Name: \_\_\_\_\_

**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: \_\_\_\_\_

**I request Nitrox fills.** The cost of Nitrox is 12.00 USD per day: Yes: \_\_\_\_\_ No: \_\_\_\_\_ Nitrox Certified? \_\_\_\_\_

**Rental Requests:** \_\_\_\_\_ None \_\_\_\_\_ Regulator \_\_\_\_\_ Dive Computer \_\_\_\_\_ BC \_\_\_\_\_ 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: \_\_\_\_\_