



ALL STAR VELOCEAN - 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: _____