Scuba Diver Registration Form

18 Elm St, Topsham, Maine 04086 Phone: 207-729-4201 Fax: 207-729-4453

Email worldhq@tdisdi.com www.tdisdi.com

Method of Payment

AMEX ☐, MasterCard ☐, Visa ☐, Check ☐ or Money Order ☐ (Make Checks Payable to SDI)

															Exp. Date:			

Signature:

Course: Check only ONE course per diver registration form

☐ **Open Water Scuba Diver**
☐ **Junior Open Water Scuba Diver**
☐ **Specialty (Please specify):**
☐ **Rescue Diver**
☐ **Advanced Scuba Diver (list four specialties below)**
☐ **Master Scuba Diver (list four specialties below)**

_____, _____, _____, _____

CERTIFICATION FEE: ☐ **C-Card Only*** ☐ **C-Card & Certificate* (refer to current price list)**

All diver c-cards & certificates are sent directly to the facility or student

Print Name as it is to appear on C-Card	Complete Mailing Address (include City, State and Zip Code)	Phone Number E-mail Address
DOB (mm/dd/yyyy):		
DOB (mm/dd/yyyy):		
DOB (mm/dd/yyyy):		
DOB (mm/dd/yyyy):		

Course Completion Date (mm/dd/yy):	2nd Inst./Asst. by: #:
☐ Freshwater Max training depth: ☐ Saltwater Metres ☐ Feet ☐:	Facility Name:
Instructor's SDI #:	Facility Number:
Instructor Name:	Ship To Address: Facility ☐ Student (s) ☐
I certify that the above named students have completed the SDI training course indicated and have reached the proficiency level required by SDI Standards before issuing these certifications. In addition, I agree to void all cards not issued within six months.	Instructor Signature (Required on each Form) Date Signed

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