

Trip Application Form-2019 201 StateRoute 17 South Rochelle Park, NJ 07662 Phone 201 327-2822 Fax 201 843-1956

Each traveller must fill out, sign and return this application along with the appropriate deposit in order to reserve space on the upcoming trip. Airline tickets and hotel/diving arrangements will NOT be confirmed until this form is returned. All cancellations must be in writing. Trip price is based on double occupancy. Single travelers will pay single supplement rates. PLEASE PROVIDE YOUR LEGAL NAME AS IT APPEARS ON YOUR PASSPORT. Please attach a copy of the identification page of your passport.

Full Legal Name				
Passport Number	Issue Date	E	xpiration Date	
Global Entry No	Ехр	iration Date		
Legal Address		City, State, Zip		
Telephone (cell)		Home		
Email		Birthdate	T-shirt Size	
Airline and Frequent Traveller Number		Date of Last Dive		
Dive Certification Agency/Nu	mber	Level	Date of late dive	
Please initial your acknowled	dgement next to each i	tem below:		
Unless specified, a	deposit of \$500 is requ	uired to reserve	my spot	
Full payment is due	60 prior to departure			
Cancellation within	90 - 61 days prior to to	ravel, initial dep	osit is forfeited	
Cancellation within 60 - 45 days prior to travel, all deposits and payment are forfeited				
Cancellation within	45 days NO REFUND	S		
Please initial one of the follow	wing choices:			
I will be supplying m	ny own airfare			
BWD will be supplying airfare. I understand that in some cases, my own credit card v be used to pay for my airfare directly.				
If I cancel my trip fo	•	ie tickets are su	bject to the cancellation/	



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American Express, Discover, MasterCard and Visa are all accepted as payment. Credit Cards will not be stored in our database. An invoice requesting payment will be emailed to you.

	nents, you can do so by making your initial deposit lly over the following months so that the balance is	
providers include both diver accident and trip	I insurance and Diver's Accident Insurance. Some interruption under one policy. Others offer addtion would be either DiveAssure or DAN. Apdue Water Divers.	
Please sign here if you are declining Travel Ir	nsurance	
DAN Number		
Dive Insurance Provider	Policy No	
Travel Insurance Provider	Policy No	
In case of emergency:		
Name		
Relationship Telephone No. (	)	
Physician	Special Diet Request	
Application is valid for 1 year from date of sig	ning.	
Applicant signature	 Date	
Additional Comments:		