



# Scuba Diver Registration Form

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Email [worldhq@tdisdi.com](mailto:worldhq@tdisdi.com)

[www.tdisdi.com](http://www.tdisdi.com)

## Method of Payment

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

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Exp. Date: 

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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):		
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Course Completion Date (mm/dd/yy):	2 <sup>nd</sup> Inst./Asst. by: _____ #:
<input type="checkbox"/> Freshwater    Max training depth: <input type="checkbox"/> Saltwater    Metres <input type="checkbox"/> Feet <input type="checkbox"/> :	Facility Name: Dayo Scuba
Instructor's SDI #: 3297	Facility Number: 1001705
Instructor Name: Thomas L Johnson	Ship To Address: Facility <input type="checkbox"/> Student (s) <input type="checkbox"/>
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 _____