



Oakville Divers

ADVANCED DIVER Course Application

_____ COURSE START DATE _____

Name: _____ Date of Birth: _____
LAST FIRST MM/DD/YY

Open Water Certification Agency & #: _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Home Phone: _____ Business Phone: _____

Email: _____

I agree that I am registering for a Scuba course to be held on the date above. Should I decide to withdraw from this course, before the above date, a non-refundable deposit of \$50 will be kept by the course administrators, Oakville Divers. The balance of the fee paid will be issued as a store credit unless otherwise determined by the store manager.

Course Fee: _____ Paid:

Gear Rental: _____ Paid:
(\$15 per session)

Textbook: _____ Paid:

SIGNATURE

DATE

12 Lakeshore Rd W Oakville ON L6K 1C5
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