Oakville Divers

RESCUE DIVER
Course Application

_____
COURSE START DATE

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

Open Water Certification Agency & #: _____

Advanced 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. Transfer of course date is permitted without charge. (There may be a charge if the course date is changed more than once)

Course Fee: _____ Paid: ☐

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

Student Kit: _____ Paid: ☐

_____
SIGNATURE

_____
DATE

12 Lakeshore Rd W Oakville ON L6K 1C5
(905) 842-8881 info@oakvilledivers.com www.oakvilledivers.com