



MV. Tatadra Expedition & Charter Application

Payment/Cancellation Policy: This application must be completed by each person, signed on the reverse side, and returned with a non refundable deposit of 50% of the expedition or charter rate within 10 working days of the reservation. Final payment is due 60 days prior to departure date. 60 days or less prior to departure, no refund is available. All cancellations must be in writing.

Expedition & Charter Policy: The Expedition & Charter Application, Liability Release & Medical Statement form must be fully completed, signed and received 60 days prior to departure date. Passengers who fail to comply will be canceled and denied boarding. If a reservation is made 60 days or less prior to the charter date, completed and signed Expedition & Charter Application, Liability Release & Medical Statement must accompany full payment in accordance with the payment policies to confirm reservation.

Extreme weather may cause cancellation or adjustment to the advertised itinerary. We fully expect to honour all bookings, however, we reserve the right to cancel at any time prior to departure. No Refunds can be made for cancelled program arrangements due to adverse weather

We strongly recommend you take out travel insurance, trip cancellation and Emergency Medical Evacuation Assistance.

By signing this Application, you are agreeing to the terms of our Payment and Cancellation Policy.

Personal Information (Name as it appears on your Passport)

Mr./Mrs. /Ms. (Please give full name)

Address

City, State, Zip

Country

Telephone Home / Business

Mobile Phone

E-mail

Birthday

Sex

Nationality

Weight/Height

Occupation

Passport #

Roommate request (we'll do our best, cannot guarantee)

Dietary Requests (we'll do our best, cannot guarantee)

Dive Insurance Company #



Rental Equipment needed

- Dive Computer Regulator Dive Torch
 BCD (S, M, L or XL) Circle One. Others (please specify) _____
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Diving Experience

- Certified Diver Yes No
- Certification Level
- Open Water Diver Advanced Diver Rescue Diver
 Dive master Instructor
- Scuba Certification Agency/Certification # _____
- How do you rate your diving ability?
- Beginner Advanced
 Intermediate Expert
- Number of logged dives _____ Date of last dive? _____
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Emergency Contact

_____	_____
Name of Personal Physician	Phone
_____	_____
Address	City, State, Zip
_____	_____
In case of Emergency, Notify	Phone
_____	_____
Address	City, State, Zip

In case of a medical emergency, I authorize the Captain and/or crew of the vessel to administer first aid or get proper medical attention if necessary. I understand that the nearest operational recompression chamber may be many hours away and may require air evacuation. The time involved with boat and air transport poses additional risk to my personal safety. I voluntarily accept this additional risk and I am fully prepared to pay all expenses related to evacuation and recompression chamber treatment should it be deemed necessary. I hereby certify that the foregoing is true and correct.

Signature _____ Date _____

Air Itinerary

Carrier & Flight #, Arrival Date, Time _____
Hotel Accommodations _____
Carrier & Flight #, Departure Date, Time _____

*The information above is essential to the processing of your application and expedition program arrangements.
*** This form must be completed and returned to Aboard-a-Dream to confirm your reservation. ****