



DESERT SPORTS DIVING CLUB PLANNED DIVE TRIP



Day: _____

Date: _____

Departure Time: _____

From: _____

Marshall: _____

Contact No: _____

Tanks Needed: 1 2 3

Minimum Qualification: _____

Dive Location: _____

Day/Night Dive: _____

Shore Cover: _____

Contact: _____

	Name	Member Type: Full/Student Country/Guest	Diver Cert.	Training Needs	Insurance Policy/ Card No.	Contact Number
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