



FACSIMILE TRANSMITTAL SHEET

TO: Bookings FROM:
COMPANY: Q-Dive DATE:
FAX NUMBER: +974 437-5233 TOTAL NO. OF PAGES INCLUDING COVER:
PHONE NUMBER: +974 437-5065 SENDER'S REFERENCE NUMBER:
RE: Booking For Training or Excursion YOUR REFERENCE NUMBER:

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

Name:

Phone GSM Phone Other

Affiliation (PADI, BSAC, etc) Certification Number

Certification Level / / Date of Last Dive

Please complete all of the above fields so that Q-Dive staff can ensure your booking is best tailored to your needs

Training (Please cross one or more with an "X" as applicable)

Bubble-Maker Discover Scuba Open Water Advanced Open Water

Rescue Diver Emergency First Responder Specialty Course\*
(\*For Specialty, please specify which specialty)

Excursion

(Name and Number of Excursion)

/ / Scheduled Excursion Date Number of participants

\_\_\_\_\_Special Needs (Small Children, Elderly, Handicapped, etc.)

\_\_\_\_\_Special Dietary Needs (for excursions including meals)

Name of attendees and Sizes in “( ) “  
(attach separate sheet if needed)

\_\_\_\_\_ ( ) \_\_\_\_\_ ( )

\_\_\_\_\_ ( ) \_\_\_\_\_ ( )

\_\_\_\_\_ ( ) \_\_\_\_\_ ( )

\_\_\_\_\_ ( ) \_\_\_\_\_ ( )

\_\_\_\_\_ ( ) \_\_\_\_\_ ( )

\_\_\_\_\_ ( ) \_\_\_\_\_ ( )

\_\_\_\_\_ ( ) \_\_\_\_\_ ( )