

# FISHEYEPROJECT EXPEDITION PARTICIPANT APPLICATION FORM

## Your Name

Name	Sex	Telephone No.
Address(use second line below if needed)		Fax No.
Address(line 2)		E-mail Address      Website:http://
State	Postal Code	Country

## Company Name

Company Name	Dive Agency Affiliations
Address(use second line below if needed)	
Address(line 2)	
State	Postal Code
Country	

## Dive Experience

Type	Agency	Date	Approx. Depth	No. of Dives
First SCUBA			0 to 60 fsw	
Highest SCUBA			60 to 130 fsw	
Highest Tek SCUBA			131 to 200 fsw	
Other Related			201 and deeper	

Please summarize your diving activities and experience (focus on last 6 months).

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Please give a brief reason for participating in this expedition.

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How did you hear about this expedition?

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Have you attended an expedition at this level before? If so, when and where?

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Have you been informed of the required equipment for this expedition?

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**Applicant's Statement**

I certify that the statements made throughout this document are correct and true to the best of my knowledge. I have reviewed the requirements of this expedition. I am physically and mentally prepared to attend this expedition. I understand that my leader will review this information and inform me if I have been accepted into this project.

I understand that I will be evaluated against both the standards of international diving standards and local standards established for the expedition. I further understand that I am not guaranteed acceptance by attending this project and that my performance in both the indoor and open field settings will be used objectively by my leader to determine my final status.

I agree that the expedition leader may alter the expedition schedule due to weather, personal and team member health and events beyond his/her control. I also agree to notify my team leader immediately in the event that I am required to withdraw from the expedition. I understand that my leader will determine any refund on payment and other fees.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Method of Payment**

Cash    Cheque # \_\_\_\_\_    Others \_\_\_\_\_

For official use only

Date received \_\_\_\_\_ Date Update \_\_\_\_\_ Sign \_\_\_\_\_

For official use only

TYPE OF APPLICATION	LEVEL	DATE
Basic Nitrox		
Advanced Nitrox		
Decompression		
Extended Range		
Advanced Wreck		
Mixed Gas Diver		
Basic Gas Blender		
Advanced Gas Blender and Technician		
Rebreather		
Overhead Environment		
Role / Position in Expedition		

Remark

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