

Aggressor Fleet Cruise Application



___ Belize	___ Galapagos I	___ North Sulawesi	___ Utila	___ / ___ / ___
___ Cayman	___ Galapagos II	___ Okeanos	Departure Date	
___ Fiji II	___ Kona, Hawaii	___ Palau		
___ Fiji III	___ Maldives	___ Turks & Caicos	Confirmation # _____	

Payment/Cancellation Policy: Individuals: This application must be completed by each person, signed on the reverse side, and returned with a deposit of 40% of the charter rate within 14 days of the reservation. Final payment is due (90) days prior to departure date. Checks are to be made payable to Aggressor Fleet.

Cruise Application/Waiver Policy: The Cruise Application/Waiver must be fully completed, signed on both sides, and received by the Reservations Center at least (90) days prior to departure date. Passengers who fail to comply will be canceled and denied boarding. For those passengers traveling on back to back charters, a Cruise Application/Waiver must be completed and signed for each trip. If a reservation is made (90) days or less prior to the charter date, completed and signed Cruise Application/Waiver must accompany full payment in accordance with the payment policies to confirm reservation.

Cancellation Policy: Individuals: If a cancellation is made: 121 days or more prior to departure, 20% of the charter rate is forfeited, 120 - 91 days prior to departure, 40% of the charter rate is forfeited. Ninety (90) days or less prior to departure, 100% of the charter rate is forfeited and no refund is available. All cancellations must be in writing. We strongly recommend the purchase of trip cancellation, accidental, medical and baggage insurance. After deposit, all revisions require a \$100 change fee. Please notify the agent of any discounts or vouchers at the time of booking. Notification ninety days or less prior to departure date will result in forfeiture of discount. By signing this waiver, you are agreeing to the terms of the Payment, Cruise Application/Waiver and Cancellation Policy.

Personal Information

(Name as it appears on your Passport)

Mr./Mrs./Ms. (Please give full name)	Birthday	Sex	Nationality
Address	Weight/Height	Occupation	
City, State, Zip	Passport # (mandatory on all vessels but Kona)		
Country	Roommate request (we'll do our best, cannot guarantee)		
Home Telephone Business	Dietary Requests (we'll do our best, cannot guarantee)		
Cell Phone	Dive Insurance Company #		
E-mail	Have you been on an Aggressor previously? When and where?		

Diving Experience

Certified Diver <input type="checkbox"/> Yes <input type="checkbox"/> No Scuba Certification Agency/Certification # _____	How do you rate your diving ability? <input type="checkbox"/> Beginner <input type="checkbox"/> Advanced <input type="checkbox"/> Intermediate <input type="checkbox"/> Expert # of Dives _____
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Emergency Contact

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

Courses on board (check availability)

- | | | |
|---|---|---|
| <input type="checkbox"/> Certification Course | <input type="checkbox"/> Deep Diver | <input type="checkbox"/> Night Diver |
| <input type="checkbox"/> Open water Check-Out Dives | <input type="checkbox"/> U/W Photographer | <input type="checkbox"/> Advanced OW Diver |
| <input type="checkbox"/> Rescue Diver | <input type="checkbox"/> Nitrox | <input type="checkbox"/> U/W Video Professional |

Rental Equipment needed

- Dive Computer Regulator Dive Light
 BC (S, M, L or XL) Circle One.
 Photo Equipment: please specify _____

Air Itinerary

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

PLEASE KEEP A COPY OF THIS APPLICATION/WAIVER FOR YOUR PERSONAL RECORDS

CRUISE APP. 3/5/08

