

| SCUBA REPUBLIC GUEST CHECK-IN FORM Name: Date of Birth: Email: Phone #: Nationality: Passport #: Resort: Room #: When is your next flight? How did you hear about us? Certification Info Please write "OWN" in the size column if you have. Checked by: EQUIPMENT Size usvel: Boo Need DIN? is dives: Regulator INeed DIN? usvel: Mask INeed DIN? Vegetarian / allergies / special food requests: Fins Inorthel Boots Boots Inorthel Inorthel Boots Boots Inorthel Inorthel Emergency contact information (name, relationship, phone number): Insurance info (company, contact number, policy number) -or ask about our insurance if you don't have your own. SCUBA RPEUBLIC - MEDICAL QUESTIONAIRE YES NO Jou you have adjebes or other endocrinal malades? Do you have adjebes or other endocrinal malades? Do you have adjebes or other endocrinal malades? Do you have adjebes or other endocrinal malades? Do you have adjebes or o | | | | | | | | | |
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