



Y-KIKI GROUP TRAVEL SIGN-UP SHEET

Destination: _____ Dates: _____

REGISTRATION INFORMATION:

Traveler 1

First name: _____ Middle: _____ Last name: _____

(Exactly as it appears on your passport)

Address: _____ City: _____ State: _____ Zip: _____

Phone Numbers: _____ (H) _____ (W) _____ (C)

E-mail: _____

Certification level: _____ Date of last dive(s): _____ Where? _____

Passport Number: _____ DOB: Gender: Shirt Size _____ Seat Preference: AMW

GENERAL NOTES (Please make us aware of any food or medical allergies/issues, floor/stair requirements): _____
(use the back of this form if necessary)

Traveler 2

First name: _____ Middle: _____ Last name: _____

(Exactly as it appears on your passport)

Address: _____ City: _____ State: _____ Zip: _____

Phone Numbers: _____ (H) _____ (W) _____ (C)

E-mail: _____

Certification level: _____ Date of last dive(s): _____ Where? _____

Passport Number: _____ DOB: Gender: Shirt Size _____ Seat Preference: AMW

GENERAL NOTES (Please make us aware of any food or medical allergies/issues, floor/stair requirements): _____
(use the back of this form if necessary)

EMERGENCY CONTACT INFORMATION:

Name(s): _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Numbers: _____ (H) _____ (W) _____ (C)

E-mail: _____

DIVE & TRAVEL INSURANCE:

Since it's impossible to anticipate when an issue (diving emergency, family illness, etc.) will occur or interrupt your vacation plans, we strongly encourage you have both dive and travel insurance. If you do not, please contact Y-kiki Divers for information.

Once complete, please return by FAX: 314-469-8554 or email back to info@y-kiki.com.

13001 Olive Arcade Plaza, St. Louis, MO 63141 / (314) 469-8722

9936 Kennerly Road, St. Louis, MO 63128 / (314) 843-0354

www.y-kiki.com / info@y-kiki.com