RAINBOWSCUBA.COM PADI STUDENT RECORD FORM

NAME - FIRST M LAST

BIRTH DATE MONTH DAY YEAR GENDER TELEPHONE - -

MAILING ADDRESS 1

MAILING ADDRESS 2

CITY STATE ZIPCODE

COUNTRY

EMAIL

COURSE _____ CERTIFIED DATE _____

DEPOSIT _____ DATE PAID _____

BALANCE _____ DATE PAID _____