

Guide Application For Indian Springs

(Please Print Clearly)

Personal Information

Name: _____

Address: _____

E-Mail: _____

Phone Numbers: Home _____ Work _____ Cell _____

Date of Birth/Age: _____

Dive Insurance: Yes _____ or No _____ Liability Insurance: Yes _____ or No _____

Emergency Contact Information

Name/Relationship: _____

Address: _____

Phone Number(s): Home _____ Work _____ Cell _____

Diving/Guide Experience

Years of Full Cave Diving: _____

Years of Guiding (Cave Systems): _____

Years of Cave Teaching (Agency): _____

Logged Full Cave Dives: _____

Full Cave Dives Per Year: _____

Logged Dives Below 150 feet/Deepest Depth: _____

Logged Cave Dives (Swimming/DPV) in Indian Springs: _____

Highest level of Certification: _____

Tri-Mix Certification: _____

Other Certifications: _____

Please provide attached copies of full cave diver and trimix certification cards, DAN insurance or equivalent, proof of liability Insurance or current guide status, as well as, verification of 200 cave dives after full cave certification (25 below a depth of 150 feet).

Signature

Date