HANDICAPPED SCUBA ASSOCIATION
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REGISTRATION FEE PAID [ ]

Dive Buddy Course Application

Name: _____ **Birth Date**: _____/_____/_____
First Middle Family day - month - year

Address: _____ City: _____

State: _____ Zip Code: _____ Country: _____

Telephone: _____ email: _____

LEVEL OF CERTIFICATION: [ ] Open Water Diver [ ] Advanced Diver [ ] Other _____

Diver Training Agency _____ **Registration Number** _____ Date Issued _____

HSA INSTRUCTOR USE ONLY

HSA Dive Buddy Number: _____ **Date Issued**: _____ Exam Score: _____%

DBC Dates: Lecture _____ Pool _____ Open Water _____

Open Water Location: _____ Depth: _____ [ ] Beach [ ] Boat

Comments: _____

I _____ certify that the above named student has satisfactorily completed all Academic, Confined and Open Water training as required by HSA Dive Buddy Course standards, and is trained to be certified as an HSA DIVE BUDDY.

_____
Instructor's Signature HSA Instructor Number Date Signed

MERCHANDISE [ ] Received [ ] Ship Date Shipped: _____

Manual: Dive Buddy	$30.00	Quantity _____	$ _____
Polo Shirts	$30.00 [ ]M [ ]L [ ]XL	Quantity _____	$ _____
VIDEOS: [ ] American [ ] PAL [ ] DVD..... $30.00		Quantity _____	$ _____
[ ] Freedom in Depth [ ] To Fly in Freedom			

GRAND TOTAL $ _____

[ ] VISA [ ] Master Card
CREDIT CARD NUMBER: _____ Expiration Date _____

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