

A-1 SCUBA TRAINING COMPLETION FORM

Course Dates: Starting _____ Ending _____ Class Number _____ Store # - SSI 809730

Certifying Instructor _____ Pro#: _____

Assistant(s) _____ Pro#: _____

- Try Scuba
- Scuba Rangers
- Open Water Diver

- Scuba Skills Update
- Stress & Rescue
- DEMP

- Divemaster
- AI / OWI
- Specialty _____

Student List

1. Name _____ MID# _____
Email _____ Age (10-14 only) _____
2. Name _____ MID# _____
Email _____ Age (10-14 only) _____
3. Name _____ MID# _____
Email _____ Age (10-14 only) _____
4. Name _____ MID# _____
Email _____ Age (10-14 only) _____
5. Name _____ MID# _____
Email _____ Age (10-14 only) _____
6. Name _____ MID# _____
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Email _____ Age (10-14 only) _____
11. Name _____ MID# _____
Email _____ Age (10-14 only) _____
12. Name _____ MID# _____
Email _____ Age (10-14 only) _____