

PROPOSAL FOR BRANCH DIVING EXPEDITION

Dive Area:			
Dates:	From:	To:	
Diving Platform:	Inflatable / RIB / Hired RIB / Hard Boat / Shore (delete as appropriate)		
Proposed Dive Sites:			
Minimum Qualifications:			
Estimated Costs:	Accommodation: £	Diving: £	
	Travel: £	Other: £	
Other Information:			
Expedition Organiser:			

ANY PERSON WHOSE NAME IS LISTED BELOW, WHO CANCELS FROM THE EXPEDITION, MAY BE LIABLE TO PAY A CANCELLATION CHARGE UNLESS THEY FIND A SUITABLE REPLACEMENT

Cancellation Charge (more than ____ weeks notice to Organiser):	
Cancellation Charge (more than ____ weeks notice to Organiser):	
Deposit required to secure booking:	£

	Name (First Name - Organiser)	Qualification		Telephone No.
		Diver	Instructor	
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

CONTINUE ON SEPARATE SHEET IF NECESSARY

ALL DIVING MUST BE CONDUCTED IN ACCORDANCE WITH THE BRANCH DIVING REGULATIONS. ALL DIVERS TAKING PART IN BRANCH DIVES MUST HAVE READ, UNDERSTOOD AND MUST COMPLY WITH THE BRANCH DIVING REGULATIONS AND MUST BE CURRENT BS-AC MEMBERS HOLDING A CURRENT MEDICAL CERTIFICATE.

Branch Diving Officer's Approval:		Date:	
Boat Officer's Approval (if applicable):		Date:	