Divers Training & Supply, Inc.

P.O. Box 11592, Charleston WV. 25339
Phone: (304) 545-2125 Fax: (304) 744-7891
E-Mail: DiverPRC@aol.com

Lake Rawlings Dry Suit Trip Breakdown of Expenses

October 20 - 23, 2011

Depart: Thursday 10/20/10 9:00 am

			Cost	Desired	Total
♦	Instructor, Trip, Assist. Fees $50 pp / each day (2)	=	$100.00	_____	$ _100.00_
♦	Certification Fee for PADI	=	$ 50.00	_____	$ _____
♦	3 nights lodging $75.00 pp / each night (Double)	=	$ 75.00	_____	$ _225.00_
♦	DUI Registration Fee $__15_.00 each day (3)	=	$ 15.00	_____	$ __45.00_
♦	_3_ days entrance fees to Facility @ $_25_ .00	=	$ 25.00	_____	$ __75.00_
♦	___ Days on Dive Boat (_____)	=	$___.00	_____	$ _____
♦	Food and Drinks for trip ( )	=	$___.00	_____	$ _____
♦	Tank Rentals / Fills @ $ 12.00 each tank (_4_)	=	$ 48.00	_____	$ __48.00_
♦	Wet Suit Rentals @ $ 20.00 per day (_____)	=	$___.00	_____	$ _____
♦	Regulator & BCD @ $ 40.00 each per day (____)	=	$___.00	_____	$ _____
♦	Weight Belt & weights @ $ 10.00 per day (____)	=	$_20.00	_____	$ __20.00_
♦	Speciality Class Fee __(Dry Suit or Other)____	=	$250.00	_____	$ _____
♦	Advanced Class	=	$265.00	_____	$ _____
♦	Nitrox Class	=	$300.00	_____	$ _____
♦	Fuel / Transportation Charge $ 50.00 / pp each way	=	$100.00	_____	$ _ 100.00_

[Basic Trip Cost: $ 613.00 Double occupancy w/o gear] Total amount enclosed $ _____

**** Note: Lost, damaged, or stolen equipment is the responsibility of the user to replace ****

****

Document of Payment

Receipt _____ / / **Refund / Disbursement _____**

_____ **[ ] Trip One :_____** **[ ] Trip Two :_____**

Student's Name **[ ] Activity: _____** **[ ] Other:_____**

Date Paid: / /

Notes: Basic trip includes: 3 nights lodging, 3 days entrance fees to Lake Rawlings, 3 days DUI registration, lunch each day, 4 tanks or fills, Weights, gear & equipment transportation.

Check # : _____

_____

Amount: _____

_____ _____

Instructor **Student**

****

Name: _____ Age: _____ Certification Status:_____

Address: _____ City: _____ Zip Code:_____

Phone # (H): _____ (W) _____ Soc. Sec. #: _____ Height: _____ Weight: _____

Cell Phone: _____ E-mail : _____ Fax: _____

Emergency Contact Information: _____Relationship: _____ Phone #: _____

Insurance Company: _____ Policy Number: _____

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Scuba Gear Sizes: Wet Suit: _____/ _____ Weight:_____/_____

make size fresh salt

Notes:_____