

Please fill out this form with printed letters as required by the Department of Tourism.

I visited Atlantis Puerto Galera before I visited Atlantis Dumaguete before

First Name _____ Last Name _____

Names of children in room _____

Your Birth Date

Jan	Feb	Mar	Apr	1	2	3	4	5	6	7
May	Jun	Jul	Aug	8	9	10	11	12	13	14
Sep	Oct	Nov	Dec	15	16	17	18	19	20	21
				22	23	24	25	26	27	28
				29	30	31				

Year _____

Address Street _____ City _____
 Country _____ Zip _____
 Tel _____ Fax _____
 Email _____ @ _____
 Nationality _____ Company Name _____
 Passport # _____ Place/Date Issued _____

Please answer the questions

Yes No

Are you a certified diver? Yes No
 If non-diver, are you interested learning to dive? Yes No
 Can we inform you about our excursions? Yes No
 Would you like details of our FREE Atlantis Club Membership? Yes No
 If you or any of your party will have a special event (birthday, anniversary, 100th dive, etc) during your stay, please tell us about it? _____

Arrive as a Guest... Leave as a Friend...

FOR OFFICE USE

Check-In-Date. _____	Room No. _____	Payment Method	Club Membership
Check_Out-Date _____	Room Rate _____	CC Cash TC	Silver Platinum Gold
			Emerald Diamond