



Class Completion List

WADI Class Completion Form should be completed for each class and kept on file for future reference and better organisation. It is optional to send this form to WADI office.

Starting Date: _____		Ending Date: _____		Class Number _____	
<input type="checkbox"/> Scuba Diver	<input type="checkbox"/> Advanced Diver	<input type="checkbox"/> Divemaster	<input type="checkbox"/> Other _____		
<input type="checkbox"/> Open Water Diver	<input type="checkbox"/> Rescue Diver	<input type="checkbox"/> Assistant Instructor	_____		
<input type="checkbox"/> Adventure Diver	<input type="checkbox"/> First Aid	<input type="checkbox"/> Speciality _____	_____		
Certifying Instructor _____				WADI No. _____	
Assistant(s) _____				WADI No. _____	
Dive Center/Resort _____				WADI No. _____	
1.	Name _____ Address _____	Email _____	Certification Date _____ Referral Date _____		
2.	Name _____ Address _____	Email _____	Certification Date _____ Referral Date _____		
3.	Name _____ Address _____	Email _____	Certification Date _____ Referral Date _____		
4.	Name _____ Address _____	Email _____	Certification Date _____ Referral Date _____		
5.	Name _____ Address _____	Email _____	Certification Date _____ Referral Date _____		
6.	Name _____ Address _____	Email _____	Certification Date _____ Referral Date _____		
7.	Name _____ Address _____	Email _____	Certification Date _____ Referral Date _____		
8.	Name _____ Address _____	Email _____	Certification Date _____ Referral Date _____		
9.	Name _____ Address _____	Email _____	Certification Date _____ Referral Date _____		
10.	Name _____ Address _____	Email _____	Certification Date _____ Referral Date _____		
11.	Name _____ Address _____	Email _____	Certification Date _____ Referral Date _____		
12.	Name _____ Address _____	Email _____	Certification Date _____ Referral Date _____		
13.	Name _____ Address _____	Email _____	Certification Date _____ Referral Date _____		
14.	Name _____ Address _____	Email _____	Certification Date _____ Referral Date _____		