

Directions: Please use the online registration system. If using this form please scan and send digitally.

Method of Payment

☐ AMEX ☐ MasterCard ☐ Visa ☐ Check ☐ Money Order

Make Checks Payable to International Training

Card #: _____ Exp. Date: _____
Month / Year

Signature: _____ Date: _____
Day / Month / Year

Course: Check only ONE course per registration form

☐ Snorkeler ☐ Intermediate Freediver ☐ Specialty: _____
☐ Safe Buddy ☐ Advanced Freediver
☐ Freediver ☐ Freediver Safety

CERTIFICATION FEE: ☐ Digital Card Only ☐ C-Card ☐ C-Card & Certificate (refer to current price list)

All c-cards are sent directly to the Facility/Service Provider or student

Print name as it is to appear on C-Card	Complete mailing address (include City, State and Postal code)	Phone number E-mail address
_____ DOB (mm/dd/yyyy): _____	_____ _____ _____	_____ _____ _____
_____ DOB (mm/dd/yyyy): _____	_____ _____ _____	_____ _____ _____
_____ DOB (mm/dd/yyyy): _____	_____ _____ _____	_____ _____ _____
_____ DOB (mm/dd/yyyy): _____	_____ _____ _____	_____ _____ _____

Course Completion Date: _____
Day / Month / Year

Instructor Name: _____ Instr. #: _____
Last / Family / Surname First / Given Initial

2nd Inst./Asst. by: _____ Instr. #: _____
Last / Family / Surname First / Given Initial

Location/Facility: _____ Facility Number: _____

Ship to Address: _____ ☐ Facility ☐ Student(s)

I certify that the above-named students have completed the Performance Freediving International training course indicated and have reached the proficiency level required by Performance Freediving International standards before issuing these certifications.

Instructor Signature: _____ Date: _____
Day / Month / Year