



Fax Reservation Form

Fax to: (630) 783.1406

784 Bonnie Brae Court
Bolingbrook, IL 60440

Dive Date(s) _____

Description	Qty.	Price	Subtotal
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
		Total	_____

Name _____
 Address _____
 City _____ State _____ Zip _____
 Hm Phone _____
 Cell Phone _____

Method of Payment

- | | |
|----------------------------------|---|
| <input type="checkbox"/> Check | <input type="checkbox"/> Master Card |
| <input type="checkbox"/> Bill Me | <input type="checkbox"/> American Express |
| <input type="checkbox"/> Visa | <input type="checkbox"/> Cash |

Credit Card No. _____ Expire Date _____

Signature _____