

DIVE #

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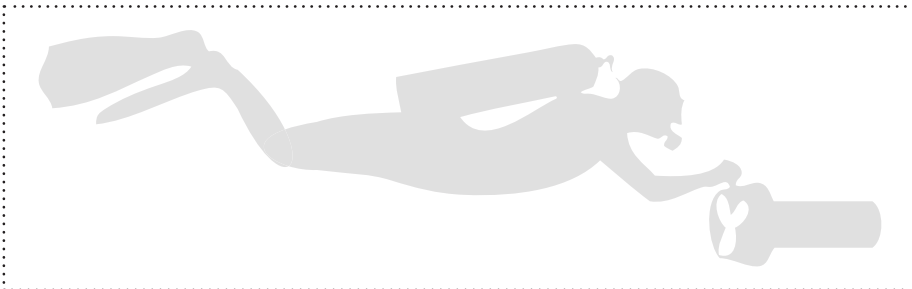
Divesite: _____ Date: _____
 Divecenter: _____ Time: _____
 Place: _____
 Country: _____
 Type of dive: _____
 Time: _____ max. Depth: _____
 Gas: _____ Weight: _____
 Tank: _____ Suit: _____
 Consumption: _____ Temperature: _____
 Conditions: _____

TEAM

Name	Certificate	Signature

Guide / Instructor: _____

NOTES



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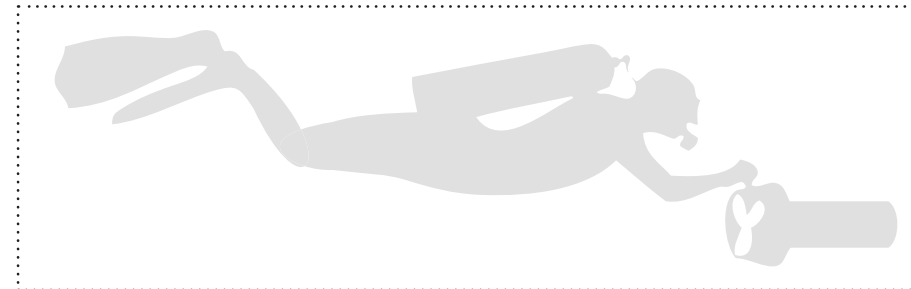
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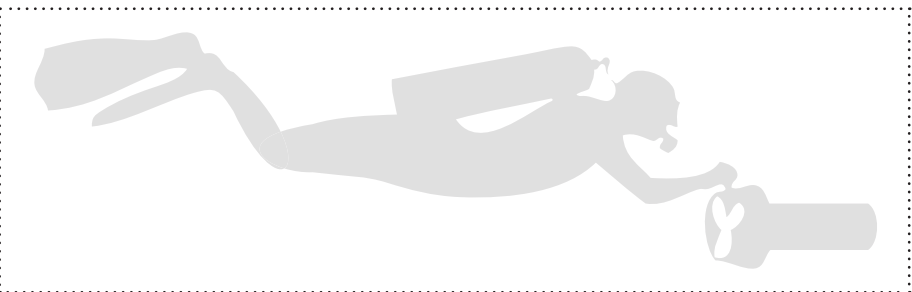
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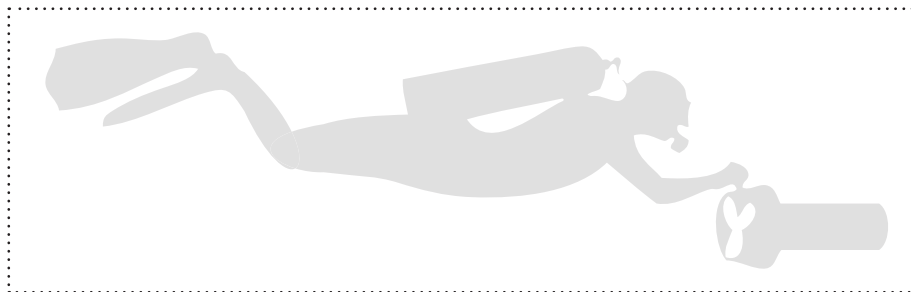
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