



LILI BERMUDA
FOUNDATION

Application Form for PADI Diving Certification Support

Please fill out this interactive form with the latest version of [Adobe® Reader®](#) or email a scanned version at studio@lilibermuda.com or fax to 441-293-8810.

Full Name of the Student:

Address:

Email:

Phone:

Parish:

Postal Code:

Name of School and Year:

Level:

Date of Birth:

PADI Certification that you wish to do:

Name of the Dive Shop you wish to register with:

Cost of course:

Support amount requested by the Lili Bermuda Foundation:

Dates of training:

Explain in one paragraph why you would like to do this certification and how it will benefit you and others:

I certify that I am Bermudian and that all the information given above are accurate.

Signature of the Student: _____

Name and Signature of parents/guardian: _____