



www.atlantishotel.com

**Atlantis Puerto Galera Resort**

Sabang Beach, Puerto Galera  
Oriental Mindoro 5203  
Philippines

TelFax: +63 (0)43 2873066 to 67  
Fax : +63 (0)43 2873068  
CellTxt: +63 (0)917 5620294

**Atlantis Dumaguete Resort**

Liapayo, Dauin  
Negros Oriental 6217  
Philippines

TelFax: +63.(0)35.4240578  
Tel: +63.(0)35 4252327  
CellTxt: +63.(0)917 8515126

Please fill out this form with printed letters as required by the Department of Tourism.

I visited Atlantis Puerto Galera before       I visited Atlantis Dumaguete before

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Names of children in room \_\_\_\_\_

Your Birth Date

Jan	Feb	Mar	Apr
May	Jun	Jul	Aug
Sep	Oct	Nov	Dec

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Year \_\_\_\_\_

**Address** Street \_\_\_\_\_ City \_\_\_\_\_

Country \_\_\_\_\_ Zip \_\_\_\_\_

Tel \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ @ \_\_\_\_\_

Nationality \_\_\_\_\_ Company Name \_\_\_\_\_

Passport # \_\_\_\_\_ Place/Date Issued \_\_\_\_\_

**Please answer the questions**

**Yes**

**No**

*Are you a certified diver?*



*If non-diver, are you interested learning to dive?*



*Can we inform you about our excursions?*



*If you or any of your party will have a special event (birthday, anniversary, 100th dive, etc) during your stay, please tell us about it? \_\_\_\_\_*

**Arrive as a Guest... Leave as a Friend...**

**FOR OFFICE USE**

Check-In-Date. \_\_\_\_\_ Room No. \_\_\_\_\_

Check\_Out-Date \_\_\_\_\_ Room Rate \_\_\_\_\_

**Payment Method**

CC Cash TC

**Club Membership**

Silver Platinum Gold

Emerald Diamond