

Scuba Diving Gear Record Sheet

Name: _____ Birth date: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone (H): _____

Cell: _____ E-mail: _____

Gear Set #: _____ - _____ Color: _____ Style: _____

Wet Suit:

Shorty Style: _____ mm: _____ Size : _____ #: _____ Make: _____

Full Style: _____ mm: _____ Size : _____ #: _____ Make: _____

Weight:

Fresh: _____ Exposure: _____ _____ Exposure: _____

Salt: _____ Exposure: _____ _____ Exposure: _____

Comments: _____

