

#### **BOOKING FORM**

**Your Shark Cage Diving and Viewing Adventure Awaits!**

Call/Whatsapp/SmS +27 76 2455880

Our email address: bookings@whitesharkprojects.co.za

Our website address: www.whitesharkprojects.co.za

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Number of Guests: |  |
| Tour Date: |  | Today’s Date: |  |
| Contact Number: |  | Alternative Number: |  |
| Collection address: |  | Room Number: |  |
| Total tour Price: |  |  |  |

PLEASE TICK METHOD OF PAYMENT:

**□ CREDIT CARD PAYMENT:** I, the undersigned, herewith authorize WHITE SHARK PROJECTS CC

 To debit my credit card below in payment of the above tour.

**□ CASH PAYMENT:**

You are welcome to pay cash on the day, however, to enable us to secure your seat on the boat we would require credit card details. Please note that in this case, payment will not be deducted from your card, as full cash payment will take place on the day of the tour only.

**□ ELECTRONIC BANK TRANSFER:** You can deposit the money directly into our bank account:

 Institution Name: Absa

Branch: Caledon (632005)

Account number: 4063725558

###  Swift Address : ABSAZAJJCCT

### I.N.O: White Shark Projects. **Use your name and date of dive as Reference**

|  |  |
| --- | --- |
| FULL NAME IN BLOCK LETTERS |  |
| DESCRIPTION / TYPE OF CARD |  |
| CREDIT CARD NUMBER |  |
| EXPIRY DATE  |  | LAST 3 DIGITS ON BACK OF CARD: |
| PASSPORT / ID NUMBER |  |
| FULL HOME ADDRESS |  |
| EMAIL ADDRESS |  |

AUTHORIZING SIGNATURE

**CANCELLATION POLICY**: I understand that 100% cancellation fee applies if I cancel the above tour less than 24 hrs prior to

 date of tour, or if any one of the persons I have booked on this tour, do not show up for the tour.

PLEASE NOTE: - Should you have specific dietary requirements, please inform us when making your booking.

 - Sea-sick tablet must be taken the night before, and again on the morning before collection.

PLEASE COMPLETE THIS FORM IN FULL & RETURN BY EMAIL TO bookings@whitesharkprojects.co.za