



First Name: _____ Last Name: _____

Phone Number: _____ Email address: _____

Medical Aid Details: _____
(Please attach)

Travel Insurance Details: _____
(Please attach)

Arrival Date: _____ Departure Date: _____

Room & Booking Type _____
(Chalet/Lux. Tents Fully Inclusive / Accommodation only)

Twin beds or Double Beds: _____

Adults Names: _____
(with Passport Numbers)

Total Number of Children: _____

Children Names and Ages: _____
(with Passport Numbers)

Nationality: _____

Transportation to Camp: _____
(Air Charter / Road / Boat)

Arrival Time: _____ Departure Time: _____

Transfers from Airstrip / Boat Station Required: _____

Rooming List:

Dietary restrictions:

Preferred Beverages:

Any special occasion:

Preferred Activities:

Special Instructions:

