**BOOKING FORM**

**Name:** ……………………………………………………………………………………………………………………………………………….

**Tour:** ……………………………………………………………………………. **Dates:** …………………………………………………..

*Please complete the following:*

First name or name by which you would like to be known on the party list: ……………………………………………….

Date of birth: ………………………………………………………………………………………………………………………………………

Email address: …………………………………………………………………………………………………………………………………….

Contact No: ……………………………………………………….. Mobile:…………………………………………………………………

Postal Address: ……………………………………………………………………………………………………………………………………

Passport No: *……………………….……* Passport No: …………………………………Passport Exp: ………………………………

Travel Insurance Provider and Plan number: …………………………………………………………………………………………..

Please state any special food requirements, eg: vegetarian, eat fish not chicken, etc: ………..……………………

…………………………………………………………………………………………………………………………………………………………..

Please state any disabilities or medical conditions that we should be aware of: eg: diabetes or known allergies

…………………………………………………………………………………………………………………………………………………………..

Please state any special interests: ………………………………………………………………………………………………………..

Accommodation requirements: *Please tick your preference or delete the inapplicable categories*

Twin Double Single Willing to share Smoker Non-Smoker

Next of Kin : *Please advise names and contact details in case of emergency*

…………………………………………………………………………………………………………………………………………………………..

Have you travelled with Lawson’s before? …………………………………………………………………………………………….

Printed itinerary / checklist: For couples travelling together: 1 per person or 1 to share? …………………………..

Would you like to be on our mailing list? ……………………………………………………………………………………………….

Any other information that would assist us in making your holiday more enjoyable and memorable?

………………………………………………………………………………………………………………………………………………………….

Lawson’s Terms and Conditions read and accepted: ……………………………………………………………………………….

Signed: ……………………………………….…………………………….. Date: ……………………………………….…………

*Please email to* *admin@lawsons-africa.co.za* *or fax to +27-13-741 3689*