

## **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: .....

ID 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](mailto:admin@lawsons-africa.co.za)*