

Tel: +27 11 894 5573
Cell: +27 82 377 0085
Sat P: +278 007 641 1527
Fax: +27 86 210 4677
Email: talitha@bushwhisper.co.za
Website: www.bushwhisper.co.za



Expeditions and Safaris

BOOKING FORM

Surname: _____ Date: _____

Name: _____ Mr/Mrs/Miss

Address:

_____ Code: _____

Country: _____

Phone: Cell: _____ Home: _____

Fax: _____

Email: _____

Date of Birth: _____ Nationality: _____

Passport Number: _____ Occupation: _____

Next of kin: Name, Address, Tel Number:

Travel Insurance

Name: _____ Policy Number: _____

Tel: _____

Medical Insurance

Name: _____ Policy Number: _____

Tel: _____

Medical History

Dr Name: _____ Tel: _____

Physical condition: _____

Allergies:

Food e.g. nuts, Medicine e.g. penicillin, Bees, Beverages etc:



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Health Problems:

e.g.: Diabetic, Heart, Colon, Epilepsy, Liver, Lungs:
 Please specify:

Dietary Preferences:

Vegetarian, Vegan, Lactose intolerance, Fruitarian, other:

Please specify:

Where did you hear of Bush Whisper?

Which tour booked: _____

Departure date: _____

Flight

Arrival: _____ Departure: _____

Flight Number: _____

Hiring / Retail:

Sleeping bag: _____ Quantity: _____

Thus, I enclose my payment/proof, thereof being my deposit of **30%** or **Full** payment for the above-mentioned expedition excluding hiring or retail cost, of any of the above.

For the amount of: U\$/€/£: _____ R: _____

Amount: including hiring cost and Clothing purchases for the amount of:

U\$/€/£: _____ R: _____

Payment options:

EFT: _____ Credit card: _____

Card Type: _____ Card no: _____

Expiry date: _____ CVC last 3 digits (back of card): _____

Would you like to receive a complimentary gift?



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Expeditions and Safaris

I have read and fully understand and accept the Terms and Conditions, Indemnity form, invoice as well as the General Information set out by Bush Whisper, either via email, brochure or website. I acknowledge that it is entirely my responsibility to ensure that I am adequately insured for the above-mentioned expedition. I further more absolve Bush Whisper Expeditions, their staff, management and affiliates from any liability whatsoever, and realise that I undertake the above-mentioned venture at my own risk.

Date: _____ Signed at _____ Signature: _____

Date: _____ Signed at _____ Guardian: _____

Please note: A parent or guardians' signature is needed when a minor will be attending the expedition!

Banking details:	Your agent details:
Account name: Bush Whisper Expeditions CC	Name: _____
Bank: Nedbank Edenvale	Address: _____
Acc: Cheque / Current	_____
Acc no: 1288124465	Email: _____
Br code: 128-842	Tel/cell: _____
Swift code: NEDSZAJJ	