

USA/Canada departure date: \_\_\_\_\_

## SAFARI BOOKING FORM

A) Please type or print in ink your name as it appears on your Passport:

Passenger 1	Last				First				Middle				Nickname			
	Passport No.				Expires (M/D/Y)				Birthdate (M/D/Y)				M <input type="checkbox"/> F <input type="checkbox"/>			
	Nationality				Occupation				Gender							
	Home-Address				Apt./Unit/Suite				City				State/Province			
	Zip Code				Country				Home #				Business#			
	Cell #				Email											
Passenger 2	Last				First				Middle				Nickname			
	Passport No.				Expires (M/D/Y)				Birthdate (M/D/Y)				M <input type="checkbox"/> F <input type="checkbox"/>			
	Nationality				Occupation				Gender							
	Cell #				Business #				Email							
Passenger 3	Last				First				Middle				Nickname			
	Passport No.				Expires (M/D/Y)				Birthdate (M/D/Y)				M <input type="checkbox"/> F <input type="checkbox"/>			
	Nationality				Occupation				Gender							
Passenger 4	Last				First				Middle				Nickname			
	Passport No.				Expires (M/D/Y)				Birthdate (M/D/Y)				M <input type="checkbox"/> F <input type="checkbox"/>			
	Nationality				Occupation				Gender							

**Important:**  
The information at the left is REQUIRED.

*Please include a copy of your passport (do not fax copies).*

Passport must be valid at least six months AFTER travel. Also, there should be adequate blank pages in your passport for your trip (two or more facing pages that are blank should be left after travel).

B) Emergency Contacts: *Please supply the names of 2 people not traveling with you and their relationship to you.*

Contact 1	Relationship	Home Phone	Business/Cell Phone
Contact 2	Relationship	Home Phone	Business/Cell Phone

*Please note: We will only release information to the contact(s) provided. If you wish to authorize additional people for Africa Adventure Co. to release information, please provide their name(s), relationship to you and phone number(s) on a separate sheet and attach.*

**C) Please type or print names from page 1 below:**

Passenger 1	Passenger 2
Passenger 3	Passenger 4

**D) Final Departure Documents:** *\*\*Check here if final documents are to be delivered to your home address  Your final departure kit will be sent via 2-day Federal Express, if you would like the documents sent to a different address (i.e. office, shop) please note it below. Please include the telephone number of the delivery address noted and the company name if applicable. Fed Ex cannot deliver to a "PO Box".*

Company	Address	Apt./Unit/Suite
City	State	Zip
		Phone

**E) Airline Information:** *Some flights have a 3 - 4 - 3 seat configuration.*

Pax 1:  Window  Aisle  Middle Airline and Frequent Flyer No. \_\_\_\_\_

Pax 2:  Window  Aisle  Middle Airline and Frequent Flyer No. \_\_\_\_\_

Pax 3:  Window  Aisle  Middle Airline and Frequent Flyer No. \_\_\_\_\_

Pax 4:  Window  Aisle  Middle Airline and Frequent Flyer No. \_\_\_\_\_

*Please specify inflight meal request by placing item letter next to passenger's number (one meal type per person).*

**A) Child    B) Diabetic    C) Gluten Free    D) Vegetarian/Dairy    E) Vegetarian/Non-Dairy    F) Low Fat    G) Kosher**

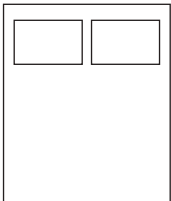
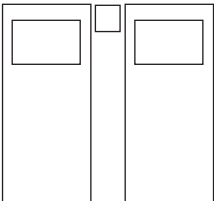
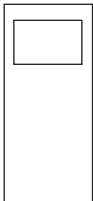
Pax 1 \_\_\_\_\_ Pax 2 \_\_\_\_\_ Pax 3 \_\_\_\_\_ Pax 4 \_\_\_\_\_

**F) Special Celebrations:**

Birthday \_\_\_\_\_ Honeymoon \_\_\_\_\_

Anniversary \_\_\_\_\_ Other \_\_\_\_\_

**G) Room Type:**

<p>2 People / 1 Bed</p>  <p>Passenger</p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/></p>	<p>2 People / 2 Beds</p>  <p>Passenger</p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/></p>	<p>Single</p>  <p>Passenger</p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/></p>
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**I) Meals:** *Many isolated camps need to prepare in advance. Please indicate foods you do **NOT** eat (note guest's name below).*

Meat \_\_\_\_\_

Vegetables \_\_\_\_\_

Dairy \_\_\_\_\_

Allergies \_\_\_\_\_

Other \_\_\_\_\_

**J) Medical Requirements:** *Please indicate any medical requirements or ailments of which we should be aware, ie. c-pap machine.*

**H) Weight:** *Many of our smaller charter planes have weight limitations. An additional seat may need to be purchased if you weigh, due to height or mass, more than 220 lbs. (100 kilos). Enter your weight below.*

Passenger: 1      2      3      4