

THE AFRICAN TOUCH

BOOKING FORM

PLEASE COMPLETE THIS BOOKING FORM AND RETURN IT TO:

P.O. Box 10 Mangawhai Heads, Northland, New Zealand, Tel: +64 (09) 4315 444, Email: info@africantouch.net

PERSONAL DETAILS	1 st Person	2 nd Person
Surname		
First Name(s)		
Occupation		
Dietary requirements		
Medical conditions		

FOR ALL CORRESPONDENCE	
Permanent address	
Home telephone	
Mobile/Work	
Email	

EMERGENCY CONTACTS	
Name	
Relationship	
Address	
Telephone	

PASSPORT DETAILS	
Nationality (as passport)	
Date of Birth	
Passport Number	
Place of Issue	
Date of Issue	
Date of Expiry	

INSURANCE	
Insurance Company	
Policy Number	
Insurance emergency contact	

I/we require pre-tour accommodation for night(s)

Type of room - single
- double
- twin

For accommodation during the safari

I/we would like:

Share
 Single
 Be matched up to share if possible

Date of arrival:

Flight Number:

Time:

Date of Departure:

Time:

Where did you first hear of the African Touch?

Friend - who?

Advert-which one?

Other?

TOUR CHOICE

Departure date

I have read, understood and agree to the booking conditions. I have also noted that it is compulsory to purchase a comprehensive insurance policy for the duration of the expedition. I enclose the sum of NZ \$500 per person for the camping safari or NZ \$2000 per person for the lodge safari being the deposit which is non refundable in the event of my cancellation and will pay the balance of the fare 8 weeks prior to departure. (An invoice will be sent out)

SIGNED _____

DATE _____

SIGNED _____

DATE _____