

BOOKING FORM ▶Please return your booking form to the Absolute Africa office or to your travel agent. **DETAILS OF PERSONS TRAVELLING**

1	Title (Mr/Mrs/Miss/Ms etc)	Surname	First name	
Occupation		Age on departure	Date of birth	Place of birth
Nationality on passport		Passport no.	Place of issue	Date of issue
			Date of issue	Date of expiry
Please state if you have any specific dietary requirements or known medical disorder or disability.				
CORRESPONDENCE ADDRESS <i>Please note: All predeparture information will be forwarded to this address unless we are notified otherwise.</i>				
Permanent address				
Home Tel.		Work Tel.	Email	
NEXT OF KIN	Name		Tel.	Work Tel.
Address				
INSURANCE	I require insurance <input type="checkbox"/> I already have insurance <input type="checkbox"/> The name of my insurance company is			
My policy number is		Insurance emergency contact		Tel.

DETAILS OF SECOND PERSON TRAVELLING

2	Title (Mr/Mrs/Miss/Ms etc)	Surname	First name	
Occupation		Age on departure	Date of birth	Place of birth
Nationality on passport		Passport no.	Place of issue	Date of issue
			Date of issue	Date of expiry
Please state if you have any specific dietary requirements or known medical disorder or disability.				
CORRESPONDENCE ADDRESS <i>Please note: All predeparture information will be forwarded to this address unless we are notified otherwise.</i>				
Permanent address				
Home Tel.		Work Tel.	Email	
NEXT OF KIN	Name		Tel.	Work Tel.
Address				
INSURANCE	I require insurance <input type="checkbox"/> I already have insurance <input type="checkbox"/> The name of my insurance company is			
My policy number is		Insurance emergency contact		Tel.

DO YOU REQUIRE ASSISTANCE WITH

Flights <input type="checkbox"/>	Pre safari accommodation <input type="checkbox"/>	Other <input type="checkbox"/>
Excursions: before / after safari <input type="checkbox"/> (please detail below)		

HOW DID YOU HEAR ABOUT US?

Friend <input type="checkbox"/>	Past Passenger <input type="checkbox"/>
Travel Agent <input type="checkbox"/>	Travel Show <input type="checkbox"/>
Internet <input type="checkbox"/>	Advertisement <input type="checkbox"/> (please state below)

YOUR SAFARI CHOICE

Safari name	Departure date	Duration

AGENTS STAMP

UPON BOOKING
WE GUARANTEE NOT TO
SURCHARGE ON THE PRICE
OF YOUR TRIP.

I have read and fully accept 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 £150 per person 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.

SIGNED _____ DATE _____

SIGNED _____ DATE _____