



Senior Citizens Tours

Booking form 2017

Tour participation (Please tick box)	<input type="checkbox"/> Trip 1 Pilanesberg	<input type="checkbox"/> Trip 2 Cape in summer	<input type="checkbox"/> Trip 3 Orania/Gariep
	<input type="checkbox"/> Trip 4 KZN	<input type="checkbox"/> Trip 5 Midlands meander	<input type="checkbox"/> Trip 6 Mapungubwe
Signature 	<input type="checkbox"/> Trip 7 KNP north/central	<input type="checkbox"/> Trip 8 KNP South/central	
	<input type="checkbox"/> Trip 9 Kgalagadi	<input type="checkbox"/> Trip 10 Namaqualand	
	<input type="checkbox"/> Trip 11 Namaqua/Orania	<input type="checkbox"/> Trip 12 Overberg	
	<input type="checkbox"/> Trip 13 West Coast	<input type="checkbox"/> Trip 14 Addo/Hogsback	
	<input type="checkbox"/> Trip 15 Kaapschehoop/KNP	<input type="checkbox"/> Trip 16 Battlefields	
	<input type="checkbox"/> Trip 17 Cherry		

	Guest	Partner
Nickname	<input type="text"/>	<input type="text"/>
Full names (as per ID)	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
ID Number	<input type="text"/>	<input type="text"/>
Cell Number	<input type="text"/>	<input type="text"/>
Home Tel Number	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>	<input type="text"/>
Dietary requirements	<input type="text"/>	<input type="text"/>
Medical or Physical Conditions we should Be aware of.	<input type="text"/>	<input type="text"/>

Address Details	Physical address	Postal address
	<input type="text"/>	<input type="text"/>

Emergency Contact	Name: <input type="text"/>	Cell no: <input type="text"/>
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The detail is needed for emergency, legal and insurance purposes, and will be treated with confidentiality

Please email to holatn@gmail.com or Fax to 0865117679