



Senior Citizens Tours

Booking form 2018

Tour participation (Please tick box)	<input type="checkbox"/> Trip 1 Pilanesberg	<input type="checkbox"/> Trip 2 Cape in summer	<input type="checkbox"/> Trip 3 Kalagadie
	<input type="checkbox"/> Trip 4 KZN	<input type="checkbox"/> Trip 5 KNP central	<input type="checkbox"/> Trip 6 Mapungubwe
Signature	<input type="checkbox"/> Trip 7 Namibia	<input type="checkbox"/> Trip 8 KNP North	
	<input type="checkbox"/> Trip 9 Oyster Festival	<input type="checkbox"/> Trip 10 Namaqualand	
	<input type="checkbox"/> Trip 11 Overberg	<input type="checkbox"/> Trip 12 Azalea festival	
	<input type="checkbox"/> Trip 13 Dinokeng	<input type="checkbox"/> Trip 14 Hogsback/Cradock	
	<input type="checkbox"/> Trip Addo /Bedford	<input type="checkbox"/> Trip 16 Cherry Festival	
	<input type="checkbox"/> Trip Other		

	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 <input type="text"/>	Postal address <input type="text"/>

The detail is needed for emergency, legal and insurance purposes, and will be treated with confidentiality

Emergency Contact	Name: <input type="text"/>	Cell no: <input type="text"/>
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Please email to holatn@gmail.com or Fax to 0865117679