

Booking Reference: _____

Guest Name: _____

Please ensure that guests fill out this form accurately. This will ensure that all their needs will be met whilst on safari and that we can ensure that all is in organized in advance. As in any aspect of travel there is an inherent risk associated with a safari. To ensure that Pride of Africa Safaris can effectively handle any emergencies on the ground, please ensure that all medical/travel insurance details are correct. Any error in these details or non completion will delay our response time.

Full name-as per passport	
Arrival Details- including international flight connection or per night accommodation	
Departure Details- including international connection or post night accommodation	
Passport Details:	
Passport Number	
Nationality	
Date of Issue	
Date of Expiry	
Date of Birth	
Travel/Medical Insurance	
Name of Insurance Company	
24hr Emergency Contact number	
Policy Reference Number	
Emergency Contact Details	
Name and Relationship	
Contact Number	
Medical Conditions	
Special Dietary Requirements	
Special Requests whilst on Safari	
Approximate weight- Required for aircraft safety restrictions	

