



BOOKING FORM

TOURMEMBER 1:

Surname:..... Mr/Mrs/Miss - Initials:.....
 Full Name:..... Nickname:.....
 ID nr.: Tel nr.:.....
 Postal Address: Fax nr.:.....
 Email:.....
 Cell nr.:.....

TOURMEMBER 2:

Surname:..... Mr/Mrs/Miss - Initials:.....
 Full Name:..... Nickname:.....
 ID nr.: Tel nr.:.....
 Postal Address: Fax nr.:.....
 Email:.....
 Cell nr.:.....

Tour Date:
 Accommodation during tour: Single..... Double..... Twin/Sharing (2 Beds).....Triple (3 Beds).....

➤ **Do you need help with flight bookings:** Yes..... No.....

Depart from airport:		Date to Cape Town:	
Flight back to airport:		Date from Cape Town:	

➤ **Do you need help with hotel bookings:** Yes..... No.....

Date: (**Prior to** tour) Date: (**After** tour ended)

City Lodge - Grand West		Hotel Verde Airport	
Road Lodge Airport			

Type of accommodation at hotel booking in Cape Town: Single..... Double..... Twin.....

➤ **Do you need help with shuttle service from the airport or to airport:** Yes..... No.....

In case you made your own flight bookings - please advise us of your flight details

Date to Cape Town		Date from Cape Town	
Flight nr & Time		Flight nr & Time	

Point of embarkation:

City Lodge - Grand West	08:00		Hotel Verde Lughawe	08:30	
Road Lodge Airport	08:45		Kaapstad Int. Lughawe*	09:00	

*Airport only for persons which land before 08:30 on the morning that tour departs

Signature:..... Date:.....

Next of Kin:..... Tel nr.: