



RESERVATION FORM

Each traveler must complete a Reservation Form
Fax or mail back to us to confirm your reservation

TRAVELER INFORMATION

Name: _____
(How you wish to be called)
Date of Birth: ____/____/____ MM/DD/YYYY Height: _____ Weight: _____ Gender: M F
Address: _____

Home Phone: _____ Work Phone: _____
Cell Phone: _____ Email: _____

PASSPORT INFORMATION

Full name on passport: _____
(Exactly as it appears)
Passport #: _____ Issue Date: ____/____/____ Expiry Date: ____/____/____
Place of Issue: _____ Citizenship: _____ Place of Birth: _____
*PLEASE NOTE PASSPORTS MUST BE VALID FOR 6 MONTHS AFTER THE LAST DAY OF YOUR TRIP. IF YOU NEED TO RENEW YOUR PASSPORT, PLEASE SEND US THE UPDATED DETAILS UPON RECEIPT.

HEALTH & EMERGENCY INFORMATION

I would rate my health as: Excellent Good Fair Poor
List any health-related facts or special needs you think we should be aware of? _____

List any dietary restrictions? _____
Person to notify in case of an emergency: Name: _____
Telephone: _____ E-mail: _____

ACCOMODATIONS

What type of bedding do you prefer? One double/king Two twin beds Triple Quad-family
 Smoker Non-Smoker
Who are you sharing a room with? _____
Please note, options vary per lodge or camp. We will do our best to confirm your preference

International Flight Information: If you made your own travel arrangements please send a copy of your itinerary

Insurance Waiver: I have been offered Travel Protection Insurance.

I DO intend to obtain travel insurance DO NOT intend to obtain travel insurance

While traveling will you be celebrating a birthday Y N or anniversary Y N If yes, date ____/____/____

Africa Adventure Consultants donates \$25 to a worthy cause for every client who travels with us. Please choose:

1. Mwangaza
2. Serengeti Cheetah Project
3. Wings4Wildlife
4. You choose