

RESERVATION FORM:

Please fax / e-mail the fully completed and signed form back to us @:061 240088 att. Poekie

NAME OF ADVENTURE	DATE OF ADVENTURE

PERSONS IN THE SAME VEHICLE (Members from different families should however complete different forms):

SURNAME & INITIALS	FIRST NAME	TITLE	I.D. NR	CHILD AGE
1.				
2.				
3.				
4.				
5.				

<p>CONTACT DETAILS:</p> <p>Tel (H):</p> <p>Tel (W):</p> <p>Fax:</p> <p>Cell:</p> <p>E-Mail:</p> <p>Residential Address:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Postal Code:</p> <p>Country:</p>	<p>BACKGROUND DETAILS:</p> <p>Line of Work:</p> <p>Major Likes/Dislikes:</p> <p>Person to be contacted in an emergency:</p> <p>Name:</p> <p>Relationship:</p> <p>Tel (H):</p> <p>Tel (W):</p> <p>Cell:</p> <p>E-Mail:</p> <p>Medical Insurance:</p> <p>Allergies:</p>
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SIGNATURE: _____

DATE: _____