

AFRICA BOOKING FORM

Please complete, sign and forward this form, along with a photocopy of the front page of your passport and a non-refundable deposit of NZ\$1,200 per person to:
***ensure you take insurance at the same time as deposit payment*

WILDSIDE TRAVEL

PO Box 215
MOTUEKA 7120
(see *payment options below)

Mr / Mrs / Miss/ Ms

Mailing Address_____

Email_____

Day-time ph or Mobile_____

I/ we would like to join the following departure: @ **USD\$3290 per person**

18 June 26 July 14 August 02 September 2018

I understand **Insurance** is required to participate on this trip. I will be accepting your Insurance offer of an 19 Day Policy issued by WILDSIDE @ from \$190 per person.

Yes / No Thank You

**If you are over the age of 50 yrs, additional premiums are payable.

**Pre-existing medical conditions will also attract additional premiums.

I/We would like you to offer a competitive quote for our flights to Africa

Yes / No Thank You

I/We would like to extend our trip after the tour, our ideas:

Room Type: Double Twin Triple Single (*Single supplement US\$475*)

Bike Hire: Please book a bike for me @ US\$250 additional

Height: _____ Weight: _____

Dietary Requirements:

Emergency Contact Person/Details:

Name: _____ Phone Number: _____

Please list any **medical conditions** (are you taking medications of any sort?) that your host and guides should know about in order to respond appropriately should anything arise.

I understand that I am booking an adventure holiday and standards such as accommodations, transport, medical service and other factors will not be of the same standard that I/we are used to at home, or that might be found on a conventional holiday and that the nature of this sort of travel will always have its risks.

I also acknowledge as an adventure holiday, I will need to be reasonably fit, active and mobile to fully appreciate and participate in the itinerary content.

SIGNATURE

DATE

***payment options:**

Cheques – payable to 'Wildside Travel'

Bank Transfer – ASB 12-3244-0006728-00 REF: Wildside/surname

Credit Card please (add 2%)

Visa / MasterCard _____

Expiry: _____ CVC(3 digits) _____

Name on card: _____