

## BOOKING FORM

<b>TOUR #:</b>	<b>DEPARTURE DATE:</b>			
<b>NAME/S</b>				
<b>DATE/S OF BIRTH:</b>			<b>WEIGHT/S:</b>	
<b>MOBILE/S:</b>				
<b>EMAIL ADDRESS/ES:</b>				
<b>POSTAL ADDRESS:</b>				
<b>ACCOMMODATION</b>	Pre-Tour:		Post Tour:	
<b>HOW DID YOU HEAR OF ADVENTURE WILD?</b>	Word of Mouth   Web   Expo   Brochure   Agent   Other?			
<b>ANY MEDICAL DIETARY REQUIREMENTS?</b>	YES / NO		If YES, please provide full details:	
<b>ALLERGIES?</b> eg Bee Stings/Penicillin	YES / NO		If YES, please provide full details:	
<b>MEDICAL CONDITIONS?</b> eg Angina	YES / NO		If YES, please provide full details:	
<b>ARE YOU TAKING MEDICATION?</b>	YES / NO		If YES, please provide full details:	
<b>IF YES TO THE ABOVE</b>	<b>PLEASE ENSURE THAT YOUR MEDICATION IS CARRIED IN YOUR HAND LUGGAGE AND WITH YOU AT ALL TIMES</b>			
<b>OTHER</b>	Please note any other information that you believe is relevant			
<b>NEXT OF KIN NAME</b>				
<b>NEXT OF KIN ADDRESS</b>				
<b>NEXT OF KIN CONTACT TELEPHONE NUMBER</b>				

### INSURANCE

<b>Insurance Company</b>			
<b>Contact Telephone</b>		<b>Policy Number</b>	