

BUSH EXPLORATIONS AFRICA: RESERVATIONS ENQUIRY FORM:

| NAME: | |
|--|------|
| SURNAME: | |
| ADULTS: | |
| AGES: | |
| TOTAL GUESTS: | |
| DATES REQUESTED: | |
| ARRIVAL: | |
| DEPARTURE: | |
| | |
| PAYMENT: | |
| CREDIT CARD: | |
| EFT: | |
| BANK TRANSFER: | |
| | |
| PACKAGES OFFERED: | |
| | |
| TAILORED AND HOSTED PRIVATE RESERVE CAMPS: | |
| | |
| 3 NIGHT PACKAGE: SELF CATERED: | |
| | |
| 5 NIGHT PACKAGE: SELF CATERED: | |
| | |
| SDECIALIZED DHOTOGRADHIC AND EILMING EYDERIE | NCE. |

<u>SPECIALIZED PHOTOGRAPHIC AND FILMING EXPERIENCE:</u>

5 NIGHT PACKAGE:

| EXPEDITIONS: SCHEDULED AND SPECIAL EVENTS: |
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| KNP EXPLORER: |
| SA & BOTS EPIC: |
| |
| GUEST CONTACT DETAILS: |
| EMAIL: |
| MOBILE: |
| LANDLINE: |
| FAX: |
| POSTAL ADDRESS: |
| RESIDENTIAL ADDRESS: |
| |
| POSTAL CODE: |
| |
| CATERING REQUIRED: |
| CHEF REQUIRED: |
| SPECIAL DIETARY REQUIREMENTS: |
| |
| SPECIAL INTEREST'S: |
| PLEASE ADVISE YOUR SPECIAL INTEREST'S: |
| SPECIAL OCCASION: |
| |
| TRAVEL ARRANGMENTS: |
| TRANSFER REQUIRED: |
| OWN TRANSPORT: |
| FLIGHT TIMES: |
| ARRIVAL FOR CAMP: |
| MEDICAL INFO |

MEDICAL INFO:

PLEASE PROVIDE ANY MEDICAL CONDITIONS AND ANY FOOD OR ANY OTHER ALLERGIES THAT REQUIRE OUR ATTENTION.

PLEASE ENSURE YOU HAVE ADVISED YOUR DOCTOR YOU ARE IN A MALARIA AREA WHILST ON SAFARI