



BOOKING FORM 2012

Please send the **completed and signed** booking form along with your deposit to: Kudu Travel, Teffont Manor, Teffont Ewyas, Salisbury SP3 5RJ, Wiltshire, UK.

Payments may be made by

- cheque or bank draft made payable to Kudu Travel Limited's Trust Account
- Mastercard, Visa or AMEX card

Please contact us if you would prefer to make a wire transfer.

Trip Name

Departure Date

Preferred First Name and Surname

1. Mr Mrs Ms Other

2. Mr Mrs Ms Other

Room request (subject to availability)

I (We) prefer Double/A large bed Twin beds

I (We) prefer Bath Shower

I am willing to share a room YES NO

I prefer a single room at supplemental cost YES NO

Correspondence Address

.....
.....

Home telephone

Work/Mobile

Fax

Email address

1. Passport number Nationality

Passport Expiry Date Date and Place of Birth

2. Passport number Nationality

Passport Expiry Date Date and Place of Birth

Relevant medical conditions (please supply full details)

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CONTINUED OVERLEAF

Foods you cannot or do not wish to eat (e. g. pork, shellfish, rabbit, chocolate)

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The designated meeting points and time and recommended flights for each trip are described in the detailed itinerary available from our office or website. We can book you on the recommended flights (subject to availability) – please contact us for a quote.

Arrival:
Date Time By

Departure:
Date Time By

It is essential, and a condition of booking, that each guest is **insured**. If you are a UK resident, we can help you to arrange travel insurance (details available from our office or website).

If you are already insured please give details (company, policy number, medical emergency telephone) of your policy below.

I would like to receive information about possible travel insurance policies YES NO

Insurance policy details & telephone number (if you are already insured)

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Emergency Contact (Name & telephone number)

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.....

Payment details: I wish to pay by cheque card (Mastercard, Visa, Amex, Switch)

If you chose payment by card, please telephone us with your card details or enclose a separate piece of paper with your card number, expiry date and the security code with the booking. Your card details record will be shredded once the payment is processed.

Deposit Full cost (if departing within 60 days)

I would like to receive a balance payment reminder YES NO

I prefer to receive tour documents electronically (by email) by post

I hereby confirm that I have read and understood the Booking Conditions and accept them on behalf of myself and all other guests included on this booking form.

Date **Signed**