

DEPOSIT PAID:

PAID (PLEASE TICK)	Amount and Currency:
YES / NO	Proof of payment: Email : Fax:

NAME OF PERSON TO CONTACT IN CASE OF EMERGENCY
TEL/Cell number # with area code: RELATIONSHIP:
E-MAIL Address:

I/We have read, fully understood and accept the Conditions of the contract as set out on the pages attached and the Terms & Conditions on our website: www.sasendle-adventures.com

Further I am of age and authorised to effect reservations and the conditions applying thereto on behalf of all those detailed above.

I/We confirm that I/We have secured the necessary visas, inoculations and are in possession of a passport valid 6-12 months from day of departure.

Signature of customer
(If under 21, parent of guardian's signature)

Name (Print)

Date

For more information about this please contact:

SASENDLE ADVENTURE TOURS – Cape Town, South Africa

Email: info@sasendle-adventures.com / Web: www.sasendle-adventures.com

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