

RESERVATION FORM

NAME OF ADVENTURE	DATE OF ADVENTURE
RICHTERVELDT	

SURNAME & INITIALS	FIRST NAME	TITLE	OCCUPATION	I.D. NR	CHILD'S AGE
1.					
2.					
3.					
4.					
5.					

RESIDENTIAL / POSTAL ADDRESS: Postal Code:	EMERGENCY: Name: Tel (H): Tel (W): Cell:
CONTACT DETAILS: Tel (H): Tel (W): Cell: Fax: E-mail:	VEHICLE DETAILS: Make: Model: Reg. No: Color:

Indemnity: I herewith agree that the passengers of my vehicle and I indemnify Johann du Toit / African Expeditions cc / and any other party involved with Adventure Tours against any loss or injury that may occur while participating in a Adventure Tour.

Full payment 30 days prior to Adventure

Please mail POP info@africanex.co.za

Banking details:
 AFRICAN EXPEDITIONS CC
 FNB KLERKSDORP
 BANKCODE 250-655
 ACCOUNT NUMBER: 62374981126

DATE: _____ **SIGNATURE:** _____