

RESERVATION FORM

NAME OF ADVENTURE	DATE OF ADVENTURE
Namaqua Coastal Adventure	

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 an 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:** _____