

RESERVATION FORM

NAME OF ADVENTURE	DATE OF ADVENTURE

SURNAME & INITIALS	FIRST NAME	TITLE	OCCUPATION	I.D. NR	
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 / Suzuki Safaris and any other party involved with 4x4 Adventure Safaris against any loss or injury that may occur while participating in a 4x4 Adventure Safari.

DATE: _____ **SIGNATURE:** _____



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Official adventure partner
of Suzuki Auto South Africa

Family friendly safari's since 1992