



PRE-SAFARI INFORMATION

1. Personal Information

Full Name: _____

Companions Name: _____

Passport Number: _____

Home Address: _____

Bussiness Address: _____

Email Address: _____

Alternative Email: _____

Tel. No. (Home): _____

Tel. No. (Cell): _____

Each hunter will receive 2 shirts, 1 short and 1 long sleeve. Observers will receive a bodywarmer.

Hunter Shirt Size	Mens	Ladies	S	M	L	XL	2XL	3XL
Observer B/warmer	Mens	Ladies	S	M	L	XL	2XL	3XL

If you would like to order any additional items, please indicate below;

Shirt @ \$50 each Includes 4 Logo's	Mens	Ladies	S	M	L	XL	2XL	3XL
	Short		Long		Fatigue		Khaki	
Golfer @ \$35 each Includes 4 Logo's	Mens	Ladies	S	M	L	XL	2XL	3XL
	Fatigue		Black		White		Navy	

2. Contact Information In Case of an Emergency

Contact Person: _____

Contact Number: _____

Alternative Number: _____

Email Address: _____

3. Safari Dates and Information

Year of Safari:

Number of Days:

Hunter(s):

Observer(s):

Number in Party:

Children:

Date From:

Date To:

4. Species You Wish To Hunt

1

6

2

7

3

8

4

9

5

10

5. Firearms

Will you bring your own firearms?

YES

NO

For the purpose of the Firearm Permits; and Letter of Invitation from the Outfitter, please provide us with the following details (Hunter Only).

Full Names as printed in your Passport:

Passport Number:

** Kindly attached herewith a copy of your Passport.*

Details of Rifle/s (Type, Model/Make, Caliber & Serial Number):

1. Rifle Type:

Caliber:

Rifle Make/Model:

Serial Number:

2. Rifle Type:

Caliber:

Rifle Make/Model:

Serial Number:

6. Itinerary

Arrival Date:

Arrival Time:

Airline:

Flight Number:

Departure Date:

Departure Time:

Airline:

Flight Number:

** Kindly attached herewith a copy of your Itinerary.*

7. Food - Allergies & Dis-Likes

Food Allergies:

Food Dis-Likes:

8. Beverages

Non Alcoholic:

Beer:

Wine:

Spirits:

9. Health Information

1. Guest Name:

Blood Type:

Are you a Diabetic

Allergies:

Special Medical Condition:

Special Medication you may be taking:

2. Guest Name:

Blood Type:

Are you a Diabetic

Allergies:

Special Medical Condition:

Special Medication you may be taking:
