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RESERVATION FORM

This form serves as a firm reservation request for all the services indicated on **Itinerary Ref:** sent to you together with this form.

All these reservations will be subject to the African Tapestry cc Trading Terms & Conditions (available for PDF download on the Reservations Page of www.africantapestry.com, or request an e-mail copy from contact@africantapestry.com).

The person completing this form warrants by doing so that he/she has the authority to enter into this agreement with African Tapestry cc on behalf of all the Travellers included on this form. On receipt of this completed form, we will send you our invoice. Once we have received the payment requested, we will proceed to confirm your reservations. **[PLEASE TYPE, OR WRITE IN BLOCK LETTERS USING A THICK BLACK PEN]**

Client Name and Contact information (please include country code & area code)

Title, first name & surname:

E-mail:..... Tel: Fax:.....

Permanent residential address:

Postal address:

Information for invoicing (please complete if different from the information given above)

Name of person/company in whose name the invoice should be made out:

Permanent residential address of this person/company:

E-mail & tel no. of this person/company:

Next of kin of Travellers: Family member/close friend (not one of the Travellers) to contact should the Travellers encounter a crisis during the trip. You may leave this section open for now but **MUST** send us the information prior to the arrival of the Travellers in Africa.

Please list: name of person, relationship to Travellers, telephone number (including country code & area code), e-mail (if available) and physical address:

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Travel insurance detail: Personal travel insurance (covering at least cancellation, missed/delayed flights, medical evacuation, hospitalization & repatriation), is compulsory - to be organized in the Travellers' country of permanent residence. If travel insurance is not yet in place, you may leave this section open for now but **MUST** send us the information prior to the arrival of the Travellers in Africa.

Name of travel insurance company:

Emergency contact number (include country & area code):

Name of policy holder:..... Policy number:.....

Travellers: (Please complete for ALL Travellers)

Weight of Travellers must be indicated if there are light aircraft flights on the itinerary. Please specify approx. weight (indicate kg or lbs) in the table below.

Title	First names as on passport	Surname as on passport	Nationality of passport	Passport number	Passport expiry date (dd/mm/yy)	Date of birth (dd/mm/yy)	Weight

Smoker or non-smoker?

Special occasions coming up during the trip?.....

Dietary requirements/allergies?

Medical conditions, physical disabilities, health problems, current medication?.....

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Religious/cultural/other special requirements?

Any other comments?.....

Client Signature: Date: