

## OFFROAD ROUTES AND TOURS

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## TOUR BOOKING FORM

Tour Name: \_\_\_\_\_

Tour Date: \_\_\_\_\_

No of adults: \_\_\_\_\_

No of children plus age: \_\_\_\_\_

Driver's Name: \_\_\_\_\_

ID / Passport nr: \_\_\_\_\_

Passenger's Name: \_\_\_\_\_

ID / Passport nr: \_\_\_\_\_

Passenger's Name: \_\_\_\_\_

ID / Passport nr: \_\_\_\_\_

Passenger's Name: \_\_\_\_\_

ID / Passport nr: \_\_\_\_\_

Any medical conditions (you or your passengers) that we must be aware of (i.e. Asthma, diabetic, etc)?

Allergies / dietary requirements : \_\_\_\_\_

Medical aid fund name and number : \_\_\_\_\_

Tel nr: \_\_\_\_\_

Cell nr: \_\_\_\_\_

E-mail: \_\_\_\_\_

Residential address: \_\_\_\_\_

Make of vehicle: \_\_\_\_\_

Model: \_\_\_\_\_

Vehicle registration nr: \_\_\_\_\_

Will you be towing an off-road trailer/caravan for this tour (**not suitable for all tours**)? Yes ☐ No ☐

Make of trailer: \_\_\_\_\_

Model: \_\_\_\_\_

Trailer registration nr: \_\_\_\_\_

VHF radio required? Yes ☐ No ☐ (compulsory for all vehicles - we can assist with rental)

Off-road experience: None ☐ Novice ☐ Intermediate ☐ Experienced ☐

In case of emergency – name and contact nrs: \_\_\_\_\_

Relationship : \_\_\_\_\_

Where did you hear about us? \_\_\_\_\_

Can we add you to our mailing list? Yes ☐ No ☐

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_