

# **BATELEUR SAFARIS - SAFARI RESERVATION FORM**

**PLEASE COMPLETE IN FULL SO YOUR NEEDS CAN BE CATERED FOR**

**PERSONAL:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Marital Status: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Work Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**NEXT OF KIN (Notify in case of emergency):**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**SAFARI DATES & ITINERARY:**

Arrival: \_\_\_\_\_ Time: \_\_\_\_\_ Port: \_\_\_\_\_  
Depart: \_\_\_\_\_ Time: \_\_\_\_\_ Port: \_\_\_\_\_  
Number of Days: \_\_\_\_\_ Number of Party: \_\_\_\_\_ Hunters: \_\_\_\_\_ Observers: \_\_\_\_\_ Children: \_\_\_\_\_ Under 12: \_\_\_\_\_  
Hotel Requirements: \_\_\_\_\_ Air Charter Requirements: \_\_\_\_\_  
Special Arrangements: \_\_\_\_\_  
Photo Safari Arrangements: \_\_\_\_\_ Days: \_\_\_\_\_ Interests: \_\_\_\_\_

**HUNTING REQUIREMENTS:**

Species (specify): \_\_\_\_\_  
Firearms: Make: \_\_\_\_\_ Calibre (min. .30): \_\_\_\_\_ Serial No.: \_\_\_\_\_  
                  Make: \_\_\_\_\_ Calibre (min. .30): \_\_\_\_\_ Serial No.: \_\_\_\_\_  
Cites Permits Required: \_\_\_\_\_

**FOOD AND BEVERAGE:**

Wine (White or Red): \_\_\_\_\_ Beer: \_\_\_\_\_ Spirits: \_\_\_\_\_ Minerals and Juices: \_\_\_\_\_  
Food Preference: \_\_\_\_\_  
Dislikes and Allergies: \_\_\_\_\_

**HEALTH:**

Allergies: \_\_\_\_\_ Bees: \_\_\_\_\_ Blood Type: \_\_\_\_\_  
Antibiotics: \_\_\_\_\_ Other: \_\_\_\_\_

**INDEMNITY:** I, THE UNDERSIGNED DO HEREBY INDEMNIFY THE MEMBERS AND STAFF OF BATELEUR SAFARIS AND ITS ASSOCIATES OR PERSONS ACTING FOR OR ON ITS BEHALF AGAINST ANY LOSS OR DAMAGE CAUSED DIRECTLY OR INDIRECTLY BY SICKNESS, INJURY, DEATH, OR LOSS, OR DAMAGE TO PROPERTY WHETHER OCCURRED BY NEGLIGENCE OR NOT, OR ANY EXPENSES ARISING THERE FROM, WHICH I MAY SUFFER WHILE WITH BATELEUR SAFARIS.

Deposit Paid: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Signed by Client: \_\_\_\_\_ Date: \_\_\_\_\_

Signed by Outfitter: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_