DAMARA AFRICAN SAFARIS CLIENT INFORMATION SHEET

Departure Time:



Please complete all sections of this form and return to us at: admin@damaraafricansafaris.com
Everyone should complete a separate information sheet.

	HUNTER / OBSERVER		PASSPORT DETAIL
Last name:		Passport No:	
First names:		Expiration date:	
Adress:		Issued at:	
City:		Date of Birth:	
State:			Please add a copy of the passport
Zip Code:		Marital Status:	
Contact No:		Spouse Name:	
Email Address:		Contact No:	
_	EMERGENCY CONTACT		MEDICAL DETAIL
Full name - 1:		Blood Type:	
Relationship:		Height:	
Contact No:		Weight:	
Emai Address		Medication:	
Full name – 2:			
Relationship:		Food Allergies:	
Contact No:		Other Allergies::	
Email Address:		— Timergress.	
	Please indicate if you have any medical o	or health conditions we	e should know about:
TRAVEL DETA	IL:	Please forward us o	copy of your Flight Itinerary
	HT - OR TAMBO JOHANNESBURG		FLIGHT – KIMBERLEY AIRPORT
Airline		Airline	
Flight Number Arrival Date:		Flight Number	
Arrival Date: Arrival Time:		Arrival Date: Arrival Time:	
, and a fillion		Allival Illile.	
DEPARTI	URE – KIMBERLEY AIRPORT		SAFARI DETAIL
Airline		Arrival day	
Flight Number		Departure day	
Departure Date:		Rifle or Bow Hui	nt

Own Rifle of Hire

PRE ORDER:

Pre orde	er a	Da	mai	ra Af	rican S	Safari s	shirt with Damara African Safaris logo embroided on it - \$40	0 each.
Olive gr	eer	1 / K	hak	ci - L	ong s	leeved .	I / Short Sleeved	
Sizes:	S	Μ	L	XL	2XL	3XL	4XL	

PERSONAL PREFERENCES:

CATERING PREFERENCES					
Foods that you dislike, do not eat or food allergies:					
Food Preferences:					
Beverage preferences, Alcohol and non-alcohol:					
Any other relevant information:					

BEVERAGES	YES	NO	FOOD	YES	NO
Coke / Sodas			Beef		
Diet Drinks			Lamb		
Fresh Juice			Pork		
Dry White wine			Chicken		
Semi Sweet white wine			Venison		
Dry Red Wine			Vegetables		
Cafeine free drinks			Potatoes		
Coffee			Fish		
Tea			Fruit		

DOCUMENTS TO REMEMBER:

- Safari Contract
- Indemnity Waiver
- Rifle Documentation

WE FURTHER STRONGLY SUGGEST/ADVISE THAT YOU BUY MEDICAL/TRAVEL INSURANCE TO INCLUDE:

- Medical emergencies
- Trip cancellation
- Trip interruption
- Delays
- Medical evacuation
- Lost, damaged or stolen luggage