



UMDENDÉ SAFARIS CLIENT INFORMATION

TO BE COMPLETED PER GUEST PLEASE

How did you hear about Umdende Safaris operated by Clayton Comins ? Please tick as applicable.

Website Social Media Hunting Convention Word of mouth Newsletter Other:

Please advise if **Other** ticked: _____

Guest Name and Surname: _____

Date of Birth: _____

Residential address: _____

Passport number: (Include Copy) _____

Tel/ Fax: _____

E-mail: _____

Address where Trophies are to be delivered: _____

Contact name in case of Emergency: _____

Contact Tel: _____ Guest contact number while traveling: _____

Allergies: _____

Drinks preferences (Include specific types or special requests): _____

Dietary restrictions: _____

Any special meal requests: _____

Physical limitations: _____

Extra Activities/Other interests: _____

Airport transfer to Umdende: (tick) Umdende to pick-up and drop-off Client arrange privately Private Charter

Flight arrival information: _____

Flight departure information: _____

Firearms: (tick) Client will use private firearm (please request temporary import/export permit information)

Hire from Umdende

Medical Travel insurance: (tick) No Yes Details: _____

Species requested to hunt: _____

I agreed that I have read Umdende Safaris Terms and Conditions of Booking and Pre-Trip information and understand all details of my commitment to this Safari.

Signature: _____

Date: _____

Please e-mail to umdende@umdende.co.za or fax completed form to +27 86 548 6799

THANK YOU AND WE LOOK FORWARD TO HAVING YOU ON SAFARI,

Making Your Wildest Dreams Come True!!