



PERSONAL INFORMATION

SURNAME: _____
 FIRST NAMES: _____
 ADDRESS: _____
 TEL: _____
 HOME: _____ WORK: _____ MOBILE: _____
 FAX: _____ E-MAIL: _____

OBSERVERS

SURNAME : _____ FIRST NAME : _____
 SURNAME : _____ FIRST NAME : _____
 SURNAME : _____ FIRST NAME : _____

FOR IMMIGRATION PURPOSES

PASSPORT NO: _____ ISSUED AT: _____
 ISSUE DATE: _____ EXPIRY DATE: _____
 BIRTH DATE: _____ BIRTHPLACE: _____
 OCCUPATION: _____

IN AN EMERGENCY - NOTIFY

| | |
|----------------|----------------|
| NAME: _____ | NAME: _____ |
| ADDRESS: _____ | ADDRESS: _____ |
| _____ | _____ |
| _____ | _____ |
| TEL | TEL |
| HOME: _____ | HOME: _____ |
| TEL | TEL |
| WORK: _____ | WORK: _____ |

DETAILS OF FIREARMS

MAKE: _____ CALIBRE: _____ SERIAL NO: _____
 AMMO: _____ QUANTITY: _____
 MAKE: _____ CALIBRE: _____ SERIAL NO: _____
 AMMO: _____ QUANTITY: _____
 MAKE: _____ CALIBRE: _____ SERIAL NO: _____
 AMMO: _____ QUANTITY: _____

HUNT INFORMATION

PREVIOUS SAFARI EXPERIENCE: _____

DATE OF ARRIVAL: _____ FLIGHT # AND TIME: _____

HUNT STARTS: _____ HUNT ENDS: _____

DATE OF DEPARTURE: _____ FLIGHT # AND TIME: _____

FOOD & DRINK PREFERENCES: _____

FOOD DISLIKES OR ALLERGIES: _____

Please circle one or more: Wine / Beer / Mix Drink (specify _____) or None.

OTHER INTERESTS (BIRDS, FISHING, LOCAL CULTURE, TOURING ETC.): _____

TROPHIES INFORMATION

TROPHIES DESIRED (IN ORDER OF PREFERENCE):

| SPECIES | QUANTITY |
|---------|----------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

DAILY RATE

1 CLIENT X 1 PH _____ DAYS @ US\$ _____

PER DAY = USD \$ _____

2 CLIENTS X 1 PH _____ DAYS @ US\$ _____

PER DAY = USD \$ _____

OBSERVERS _____ DAYS @ US\$ _____

PER DAY = USD \$ _____

TOTAL DAILY RATE = USD \$ _____

50% DEPOSIT REQUIRED TO CONFIRM BOOKING USD\$ _____

DAILY RATE BALANCE DUE ON _____, IN THE AMOUNT OF USD \$ _____

HEALTH

GENERAL PHYSICAL CONDITION? _____

ANY PHYSICAL HANDICAPS? _____

HEART PROBLEMS PAST OR PRESENT? (IF YES, PLEASE EXPLAIN) _____

ARE YOU ON MEDICATION? (IF YES, PLEASE EXPLAIN) _____

DIABETES, ASTHMA, EMPHYSEMA OR RESPIRATORY PROBLEMS? _____

ANY ALLERGIES? (I.E. TO DRUGS, SUCH AS PENICILLEN ETC.) _____

SMOKER? _____

WEIGHT: _____ HEIGHT: _____

BLOOD TYPE: _____

LIABILITY WAIVER

I understand that travel and hunting are inherently dangerous activities. I accept the dangers in using small planes, boats, off road vehicles, and guns in remote areas. I willingly take part in traveling to foreign countries to hunt dangerous animals on foot. I understand that my participating in these activities exposes me to many obvious dangers, unforeseen dangers, and complications that can cause death, great bodily harm, and financial loss. I, my family, dependents, or beneficiaries will not hold L.M. Koen or any persons involved in the planning or conducting of my African Safari liable or responsible, financially or otherwise, for any loss or injury incurred before, during, after, or as a result of this safari. I take full responsibility for any such loss, regardless of negligence on the part of Nathan Askew or any other persons associated with him or any part of my African Safari.

SIGNATURE _____ **SIGNATURE: DATE:** _____

DEPOSIT INFORMATION

The 50% deposit on daily rate is non refundable. Deposits may be transferred to other hunters or other dates if possible. I understand that a cancellation due to any reason is a forfeit of my deposit money. Remaining daily rate, travel expenses, and all other fees (minus trophy fees) must be paid in full 45 days before the start of the safari. Trophy fees will be paid in full on the last day of the safari.

SIGNATURE: _____ **SIGNATURE: DATE:** _____

