



SENIOR'S SAFARI TOUR  
BOOKING FORM

NAME OF GROUP

ADDRESS

POSTAL CODE

CITY/TOWN

TELEPHONE

FAX

EMAIL ADDRESS

DATE OF VISIT

CONTACT PERSON

NUMBER IN GROUP

NUMBER OF ATTENDANTS

ARRIVAL TIME

DEPARTURE TIME

GUIDED BUS TOUR [ ]Yes [ ]No

SPECIAL NOTES:

FOR OFFICE USE

GUIDE

\_\_\_\_\_ Seniors @ \$ \_\_\_\_\_ = \$ \_\_\_\_\_

NUMBER OF ADULTS AT NO CHARGE \_\_\_\_\_

TOTAL @ \$ \_\_\_\_\_ = \$ \_\_\_\_\_

LESS DEPOSIT \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

**Paid by:**  Cash  
 Cheque  
 C.C  
 To be Billed - Invoice given  
 Y  N