



PASSENGER RESERVATION FORM

Privacy: All information contained herein is used solely by Journeys Unforgettable and its contracted tour operators/airlines in planning your tour. To comply with new Government Regulations and/or to ensure we have all your details correct, please complete the form below and return it to Journeys Unforgettable as soon as possible. Details of relevant information only will be passed onto the tour operators concerned, in particular age, dietary requirements and details of pre-existing illnesses. Please note that because most African safaris are conducted in remote areas it is important that our tour operators are aware of this information. Please ensure that you advise ALL dietary requirements. To ensure accuracy of information, please complete the form in BLOCK LETTERS. **Due to security regulations, your name must be exactly as per your passport.**

Mr/Mrs Ms	Surname	Given Names	Ht & Wt	DOB	Nationality	Passport #	Issue & Expiry Date
1.							
2.							
3.							
4.							

Name and/ or Nickname:		
Address:		
City:	State:	Postal Code:
Phone (W):	(H):	Fax:
Mobile Phone:	E-Mail:	
Have you previously traveled to Southern Africa? Where/When?		

In case of Emergency, please notify:

Name:	Phone (Work):	(Home):
Address:		

Other Details:

Departure Date from USA:		
Arrival Flight and Date into Tour Destination:		
Departure Flight and Date from Tour Destination:		
Special Dietary Requirements? Yes No (If yes, please specify, eg. Lactose intolerance, Vegetarian)		
What is your Occupation:	Do you smoke? Yes:	No:
Where did you hear about Journeys Unforgettable:		
Are you celebrating any special occasion such as a Birthday or Anniversary?		
Do you have any special interests, i.e. Birding, Photography, etc?		
Do you have any pre-existing medical condition we should advise the tour operator about? Yes: No: (If yes please specify)		
Travel Insurance Company:	Policy No:	

Please read the attached Booking Terms and Conditions carefully before signing. All guests must sign and complete this form and return it to Journeys Unforgettable with a 25% non-refundable deposit to have a confirmed reservation. A separate form must be completed for each traveler. (Make payments payable to Journeys Unforgettable).

Please reserve _____ space (s). Airline seating preference: Window ____ Aisle ____
 I have enclosed full payment for a non-refundable deposit in the amount of US\$ _____
 Travel Dates: _____

Please e-mail or fax your flight reservations to our office if you booked them separately.

I have read and accept the accompanying Booking Terms and Conditions. I understand and agree that I must also sign and return to Journeys Unforgettable a completed Liability Release and Assumption of Risk Agreement before my reservation will be confirmed. If I am signing on behalf of a minor, I agree to release, hold harmless and indemnify Journeys Unforgettable for any claims of the minor. (If applicant is under 18 years of age, a parent or legal guardian must sign for the minor)

Participant Signature: _____ Date: _____