

BOOKING REQUEST FORM Please complete the form in block letters and fax to: **Megatrav Fax 011 886 9548**
NON REFUNDABLE DEPOSIT OF 60% OF PACKAGE PRICE REQUIRED WITHIN THREE DAYS OF CONFIRMATION



ANDRE RIEU CAPE TOWN 23 - 25 AUG 12 BOOKING REQUEST FORM

Surname	1st Name	Initials	Title	I.D Number

TYPE OF ROOM		TOTAL NUMBER OF PEOPLE	I wish to book the following optional tour: -	
DATE IN	DATE OUT	TOTAL NUMBER OF NIGHTS		Date

Postal Address			Name of next of Kin/Contact person in case of an emergency Relationship:		
			Street address		
Postal Code			Postal code		
Code:	Tel: Home	Work	Code:	Tel: Home	Work

Fax:	Cell No:	E-Mail:
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Special Requirements: (use these lines to advise us of special requirements such as dietary, handicap requirements, any disabilities, pregnancy, etc.)

PLEASE NOTE: Passengers 70 years and older require a medical certificate confirming ability to travel. We cannot accept bookings for passengers who are more than 28 weeks pregnant

IF YOU ARE NOT TRAVELLING FROM CAPE TOWN AND WISH US TO BOOK FLIGHTS FROM OTHER CENTRES IN SOUTH AFRICA, PLEASE COMPLETE THE FOLLOWING.

Flights required from:

DUE TO AIRLINE REQUIREMENTS A CLEAR COPY OF ALL ID BOOKS -SHOWING FULL NAMES MUST ACCOMPANY THIS FORM BEFORE ANY FLIGHT RESERVATION CAN BE CONFIRMED

"I understand that the information provided is correct (this information will be used to issued your documents) I have read, understand and accept the standard Terms & Conditions and have the authority of signing this agreement on behalf of all persons reserved on this booking form."

Name_____ (If you are under 18yrs, a guardian must sign this application) Signature