

**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 JOHANNESBURG 17 – 19 AUG 12 BOOKING REQUEST FORM**

Surname	1st Name	Initials	Title	I.D Number
<b>HOTEL REQUESTED</b>			<b>TOTAL NUMBER OF PEOPLE</b>	
<b>DATE IN</b>	<b>DATE OUT</b>	<b>TOTAL NUMBER OF NIGHTS</b>		
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
Fax:	Cell No:	E-Mail:		
<b>Special Requirements:</b> (use these lines to advise us of special requirements such as dietary, handicap requirements, any disabilities, pregnancy, etc.)				
<b>PLEASE NOTE:</b> 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				
<b>IF YOU ARE NOT TRAVELLING FROM JOHANNESBURG AND WISH US TO BOOK FLIGHTS FROM OTHER CENTRES IN SOUTH AFRICA, PLEASE COMPLETE THE FOLLOWING.</b>				
<b>Flights required from:</b>				
<b>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</b>				
“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				