

EYES ON AFRICA

TRAVEL INFORMATION FORM

Please complete this form and return to Eyes on Africa. All guests must sign and complete both the **Travel Agreement** and this **Travel Information Form** and return these documents to Eyes on Africa with the non-refundable deposit payment to have a confirmed reservation.

Please note that separate and individual forms must be completed for each traveler.

(Make payments payable to **Eyes on Africa, Ltd.**)

Privacy: All information is used solely by Eyes on Africa and its contracted tour operators / airlines for tour planning only.

I have enclosed a payment in the amount of US \$ _____

Trip Description: _____

Passport details (only required if traveling internationally):

Full Name (as it appears in passport) _____

Passport Number _____

Passport Nationality _____

Issue Date _____

Expiration Date _____

Place of Issue _____

Date of Birth _____

Sex M _____ F _____

Personal details:

Street _____

City _____

State _____

Zip _____

Telephone (Home) _____

(Work) _____

Fax _____

Email _____

Physical Condition _____

Dietary Requirements _____

Health Concerns _____

Emergency Contact _____

Telephone _____

Address _____

Travel accommodations:

Sharing _____

Single _____

Smoking _____

Non smoking _____

Flight Details (if not booked by Eyes on Africa) and Frequent Flier numbers (if applicable):