

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):