

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):