



BOOKING FORM
 Email to: info@wild-angles.com

To secure your booking a 30% deposit is required at time of booking.

TITLE (Mr., Mrs., Dr., Prof.)		
SURNAME (as per passport)		
FIRST NAME (as per passport)		
OCCUPATION		
ADDRESS		
POSTAL CODE, CITY & COUNTRY		
TELEPHONE (mobile or home)		
EMAIL ADDRESS		
DATE OF BIRTH		
NATIONALITY		
SAFARI / TOUR / WORKSHOP		
DATES	Start Date:	End Date:
NUMBER OF ROOMS & ROOM TYPE	Total Number:	Singles:
	Twins:	Doubles:
NAMES OF CO-TRAVELLERS: please indicate who will share rooms if you travel with a partner / family / group; Note that each participant will need to fill & sign a separate form - for minors, their legal guardians must sign.		
NAME	SHARES ROOM WITH	
How did you hear about us?		
Do you wish to book any of the optional activities as per the itinerary?		
SPECIAL INTERESTS – How can we assist you during the tour? What would you like to focus on?		
CAMERA MODEL / LENS USED How do you rate your level?		
Are you using post-processing software? (Lightroom, Photoshop etc.)		
I have read and fully understood the Terms & Conditions of WILD ANGLES Pty. Ltd. I accept these Terms & Conditions, and I realize that I undertake the proposed venture at my own risk.		
SIGNED: _____ at: _____ date: _____		

JANUARY 2015