



THE AFRICAN SAFARI COLLECTION



HUNTING & EXPEDITION SAFARIS

CLIENT INFORMATION, PREFERENCE & SPECIAL REQUESTS

FULL NAME: _____ TITLE: _____

HOME ADDRESS: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT

FULL NAME & RELATIONSHIP TO YOU & PHONE NUMBER: _____

PASSPORT DETAILS NATIONALITY: _____

DATE OF BIRTH: _____

PASSPORT NUMBER & EXPIRY DATE: _____

OCCUPATION: _____

TRAVEL ARRANGEMENTS

ARRIVAL DATE & TIME: _____

ARRIVAL PLACE: _____

FLIGHT NUMBER: _____

DEPARTURE DATE & TIME: _____

DEPARTURE PLACE: _____

FLIGHT NUMBER: _____

SAFARI DETAILS

DURATION OF HUNT (DAYS): _____

HUNT TYPE (1X1, 2X1, OBSERVER): _____

HUNT DATES: FROM: _____ TO: _____

FIREARMS AND AMMUNITION

ARE YOU: A. RENTING A RIFLE ☐ OR B. TRAVELING WITH A RIFLE ☐

MAKE	MODEL	CALIBRE	SERIAL NUMBER	AMMO (# OF ROUNDS)
1.				
2.				
3.				

TROPHY PREFERENCES

HIGH PRIORITY ☐ MEDIUM PRIORITY ☐ LOW PRIORITY ☐

TAXIDERMY NAME & ADDRESS TO WHOM YOUR TROPHIES WILL BE SENT AFTER THE HUNT:



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MEDICAL INFORMATION

HEALTH PROBLEMS WHICH MAY BE RELEVANT TO YOUR HUNT OF WHICH WE MAY NEED TO BE AWARE: _____

FOOD ALLERGIES: _____

OTHER ALLERGIES: _____

MEDICAL REQUIREMENTS: _____

NAME OF ANTI-MALARIAL DRUGS: _____

HEIGHT: _____ WEIGHT: _____
(FOR FLIGHT CHARTER PURPOSES)

DIETARY PREFERENCES

SPECIAL DIETARY REQUIREMENTS: _____

DIETARY RESTRICTIONS: (EG. HALAL, KOSHER, VEGETARIAN) _____

FOOD DISLIKES: _____

FAVOURITE DISHES: _____

DRINK PREFERENCES

SOFT DRINK PREFERENCES: _____

DO YOU CONSUME ALCOHOL?: A.YES ☐ B.NO ☐

PREFERRED ALCOHOLIC BEVERAGES & SPECIFIC BRAND TYPES: (EG. WINE, BEER, WHISKEY, BRANDY) _____

DOCUMENTATION

PLEASE ENSURE YOU ARE IN POSSESSION OF ALL THE RELEVANT VISAS, INOCULATION CERTIFICATES, CITES PERMITS OR ANY OTHER IMPORT PERMITS ISSUED BY THE COUNTRY OF FINAL DESTINATION FOR YOUR TROPHIES.

SPECIAL REQUESTS

PLEASE ADD ANY SPECIAL EVENTS, ITEMS OR WISHES YOU WOULD LIKE US TO PROVIDE YOU WITH
