

AFRICA 2000 TOURS - INFORMATION SHEET 1

Telephone number: +27 33 3433911 ** Fax number: +27 33 3431786

Postal Address: P O Box 1204, Hilton, 3245, Natal, South Africa

NAME as it appears in your passport		DATE OF BIRTH (DD/MM/YY)
POSTAL ADDRESS		
PROFESSION		EMAIL ADDRESS:
PASSPORT DETAILS	Number: Country:	Passport expiry date: Issue date:
TEL. NOS. Home		Fax no Home:
TEL. NOS. Office		Fax No Office:
FLIGHT IN	Airport: DATE:	TIME: FLIGHT NO:
FLIGHT OUT	Airport: DATE:	TIME: FLIGHT NO.
HEALTH	EXCELLENT / GOOD / REASONABLE / POOR	
	ALLERGIES: (IF ANY)	DETAILS:
BEDDING ARRANGEMENTS :	DOUBLES:	SINGLE BEDS:
SMOKING PREFERENCES:-	SMOKING:	NON SMOKING:
SHIRT SIZE:	SMALL MEDIUM LARGE EXTRA LARGE EXTRA EXTRA LARGE	

GENERAL COMMENTS WHICH YOU FEEL MAY IMPROVE THE QUALITY OF YOUR HOLIDAY:

MEDICAL INSURANCE COMPANY DETAILS:

FOOD AND DRINK PREFERENCES

FOOD	YES	NO	DRINK	YES	NO
BEEF			COKE/DIET COKE		
VENISON			SPRITE/LEMONADE		
LAMB			TONIC WATER		
PORK			SODA - SPARKLING - STILL		
CHICKEN			BEER		
SALADS			WHITE WINE - DRY		
FRESH VEGETABLES			WHITE WINE - SEMI SWEET		
POTATOES / RICE			RED WINE		
PASTA			CHAMPAGNE		
CURRY/SPICY FOOD			SCOTCH WHISKY		
FRESH FRUIT			BRANDY		
FISH			GIN		
FAVOURITE DESSERTS:			VODKA		
OTHER LIKES/DISLIKES:			OTHER SPIRITS or MIXES		

DIETARY REGULATIONS (MEDICAL OR OTHER):

PLEASE FILL IN ONE FORM PER PERSON (I.E. ONE FORM EACH)