

# 5 DAY MAGICAL MPUMALANGA

## Quick Escape Tour

### 2019 BOOKING FORM

*Please complete one form per rider/motorcycle*

RIDER DETAILS						
Last Name			First Name(s)			
Street Address						
City			Province			Postal Code
Mobile Number			Alternative Phone Number			
Occupation						
E-Mail						
<i>Please include international/country code with the above numbers</i>						
Age		T-Shirt Size		Sex	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Identity Number			Nationality			
Passport Number			Passport Expiry Date			
Medical Aid Name			Medical Aid Plan Type			
Medical Aid Number			Medical Aid Emergency Contact Number			
Blood Type						
Any medical condition/allergies we should know of						
Special Dietary Requirements						
Next of Kin Name, Surname and Relation						
Next of Kin Contact Details						
Make/Model and Year of motorcycle to be used						
Registration Number of Motorcycle			Motorcycle License Disk Expiry Date			
Would you require a rental motorcycle?			Yes <input type="checkbox"/>	No <input type="checkbox"/>		
<i>If yes, please state your preferred motorcycle make and model:</i>						

RIDING EXPERIENCE					
How long have you been riding a motorcycle			Years	Months	
Off-Road Riding Skill Level		Beginner <input type="checkbox"/>	Intermediate <input type="checkbox"/>	Advanced <input type="checkbox"/>	
Are you licensed to ride a motorcycle?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	License No	
Do you have a pillion (passenger) accompanying you on this tour/expedition				Yes <input type="checkbox"/>	No <input type="checkbox"/>

PILLION/PASSENGER DETAILS <i>(please complete if applicable)</i>					
Last Name		First Name(s)			
Street Address					
City		Province	Postal Code		
Mobile Number		Alternative Phone Number			
Occupation					
E-mail					
<i>Please include international/country code with the above numbers</i>					
Age	T-Shirt Size	Sex	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Identity Number		Nationality			
Passport Number		Passport Expiry Date			
Medical Aid Name		Medical Aid Plan Type			
Medical Aid Number		Medical Aid Emergency Contact Number			
Blood Type					
Any medical condition/allergies we should know of					
Special Dietary Requirements					
Next of Kin Name, Surname and Relation					
Next of Kin Contact Details					

## PAYMENT OPTIONS

50% Deposit is required on booking confirmation if confirmation was sent more than 30 days prior to the tour commencing date, balance of payment by no later than the 1<sup>st</sup> of February 2019.

R13,500.00 per rider sharing - using own motorcycle

R8,500.00 per pillion sharing with rider

Banking Details

Wild at Heart Adventure (Pty) Ltd.  
First National Bank, Cheque Account  
Long Street Branch: 201709  
Account Number: 62739350693  
Swift Code for International Payments: FIRNZAJJXXX

**Reference:**

MPUFEB19 and surname

## DISCLAIMER AND SIGNATURE

By completing this booking form and e-mailing it to Wild at Heart Adventure (Pty) Ltd,

I/We \_\_\_\_\_ (full names) agree that I/We would like to book the selected dates should they be available. I/We furthermore accept all the terms and conditions as laid out in the Terms and Conditions and Indemnity Form available on request. I/We agree to sign this form prior to commencement of the selected tour.

Signature of Rider		Date	
Signature of Pillion (if applicable)		Date	

Please email the following to [johan@wildatheartadventure.co.za](mailto:johan@wildatheartadventure.co.za)

- *Copy of ID/s (rider and pillion where applicable)*
- *Completed and signed booking form*