

MALAWI Expeditions

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 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"/>	
If you are taking a pillion (passenger) on this tour/expedition, are you comfortable riding gravel roads with your pillion?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
If you are taking a pillion (passenger) on this tour/expedition, is your pillion comfortable riding gravel roads with you and have you travelled together on gravel roads before?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

For your full enjoyment of this tour, it is important that both rider and pillion feel comfortable when travelling on gravel roads together and has done some travelling together on a motorcycle before.

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 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					

TOUR/EXPEDITION DETAILS

Selected Malawi Expedition Date	15 Day Standard 20 April – 4 May 2019	<input type="checkbox"/>	15 Day Standard 7 September – 21 September 2019	<input type="checkbox"/>
	11 Day Premium 12 June – 22 June 2019	<input type="checkbox"/>		
Special group/date requests (minimum of 5 riders)				

TOUR/EXPEDITION PRICES**15 Day Standard**

R64,000.00 per rider sharing - using own motorcycle

R42,000.00 per pillion sharing with rider

11 Day Premium

R70,000.00 per rider sharing - using own motorcycle

R47,000.00 per pillion sharing with rider

PAYMENT OPTIONS

10% Deposit is required on booking confirmation. Another 40% required 60 days before the tour commence. Full outstanding balance payable 30 days before the trip commencement.

Banking Details	<p>Wild at Heart Adventure (Pty) Ltd. First National Bank, Cheque Account Long Street Branch: 201709 Account Number: 62739350693 Swift Code for International Payments: FIRNZAJJXXX</p> <p>Reference: MALAPR19 and surname for April Expedition MALJUN19 and surname for July Expedition MALSEP19 and surname for September Expedition</p>
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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 info@wildatheartadventure.co.za

- *Certified Copy of passport/s (rider and pillion where applicable)*
- *Certified Copy of valid motorcycle driver's license*
- *Completed and signed booking form*