

5 DAY MPUMALANGA *Off-Road 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 15th of May 2019.

R16,500.00 per rider (single accommodation) - using own motorcycle

R9,500.00 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:

MPUJUN19 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

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