

Rwanda/Uganda *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 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

TOUR/EXPEDITION DETAILS		
Rwanda_Uganda	30 November – 13 December 2019	<input type="checkbox"/>
Expedition Date		
Special group/date requests (minimum of 5 riders)		

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 30 days before the trip commencement.	
R115,000.00 per rider sharing - using own motorcycle R75,000.00 per pillion sharing with the 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: RWADEC19 and surname for December Rwanda/Uganda Expedition

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

Please email the following to johan@wildatheartadventure.co.za

- *Certified Copy of passport*
- *Certified Copy of valid motorcycle driver's license*
- *Completed and signed booking form*