



**Questionnaire: Hunter Safari Reservation**

Please complete this form and email it back to us at dtwinsables@gmail.com

	<b>Personal details of hunter</b>	
	Surname	
	Full Names	
	First Name	
	Birth date	
	Age	
	Sex	
	Marital Status	
	Home Address	
	Telephone no (home)	
	Telephone no (business)	
	<b>Details of Next of Kin (Emergency Contact)</b>	
	Name	
	Telephone no (cell / home)	
	Address	
	<b>Safari Dates</b>	
	From: <i>(please also provide us with a possible alternative date)</i> From:	To:  To:
	Number in Party:	
	Names of persons that will be hunting	1. _____

	<i>Each person will be required to complete an additional questionnaire</i>	2. _____ 3. _____
	Names of persons that will be observers <i>Each person will be required to complete an additional questionnaire</i>	1. _____ 2. _____ 3. _____
	Names of persons under the age of 18 years old ( <i>also indicate whether they will be hunting or be observers</i> ) <i>The parent and/or guardian will be required to complete an additional questionnaire for each minor</i>	1. _____ 2. _____ 3. _____
	What species do you want to hunt <i>Choose from the attached species list</i>	1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 7. _____
	<b>Firearms</b>	
	Make	
	Caliber	
	Serial Number	
	<i>Alternatively, If you would be interested in hiring our firearms Your PH will advise you what calibers will be required for the species that you want to hunt</i>	
	<b>Itinerary</b>	
	Port of Departure	
	Date	
	Time	
	Carrier	
	Flight Number	

	Port of Arrival	
	Date	
	Time	
	<b>CATERING</b>	
	Any specific food preferences:	1. _____ 2. _____ 3. _____ 4. _____
	Liquor Preferences	1. _____ 2. _____ 3. _____ 4. _____
	Juice Preferences	1. _____ 2. _____ 3. _____ 4. _____
	Water Preferences (i.e. still or sparkling)	
	Dislikes	1. _____ 2. _____ 3. _____ 4. _____
	Food that you are allergic to:	1. _____ 2. _____ 3. _____ 4. _____
	<b>HEALTH</b>	
	You will be required to take out health insurance when you book your airline	

	ticket. Please provide us with a copy of that health insurance.	
	Any chronic health condition/s	1. _____ 2. _____ 3. _____
	Allergies	1. _____ 2. _____ 3. _____
	Blood group	
	Special / Chronic Medication <i>Please ensure that you bring extra medication</i>	1. _____ 2. _____ 3. _____
	Anything else we should know about your health i.e. will you be able to walk on rough terrain, far distances etc?	
	<b>General Information</b>	
	Have you hunted before in South Africa	
	If yes, where and when	
	If no, have you hunted in your country?	
	Are you familiar with a hunting rifle?	
	If yes, what calibre?	
	<b>Special Requests</b>	


I ....., hereby confirm that the aforementioned information provided are both true and correct and that should any information tendered, change before the commencement of the safari, I undertake to notify Twin Sables Safaris (Pty) Ltd, immediately of such change, in writing.

\_\_\_\_\_

Signature

Date: