TWIN SABLE SAFARIS

Questionnaire: Hunter Safari Reservation

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

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

	Each person will be required to complete an additional questionnaire	2. _____ 3. _____
	Names of persons that will be observers *Each person will be required to complete an additional questionnaire*	1. _____ 2. _____ 3. _____
	Names of persons under the age of 18 years old (*also indicate whether they will be hunting or be observers)* *The parent and/or guardian will be required to complete an additional questionnaire for each minor*	1. _____ 2. _____ 3. _____
	What species do you want to hunt *Choose from the attached species list*	1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 7. _____
	Firearms	
	Make	
	Caliber	
	Serial Number	
	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*	
	Itinerary	
	Port of Departure	
	Date	
	Time	
	Carrier	
	Flight Number	

	Port of Arrival	
	Date	
	Time	
	CATERING	
	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. _____
	HEALTH	
	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 *Please ensure that you bring extra medication*	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?	
	General Information	
	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?	
	Special Requests	

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: