Questionnaire: Observer

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

	Personal details of hunter	
	Surname	
	Full Names	
	First Name	
	Birth date	
	Age	
	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:	To:
	Name of Hunter/s	

	CATERING	
	Any specific food preferences:	1. _____ 2. _____ 3. _____ 4. _____
	Non-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 your 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?	
	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 hunting safari, I undertake to notify Twin Sables Safaris (Pty) Ltd, immediately of such change, in writing.

_____

Signature

Date: