RESERVATION FORM · SHORT JOURNEYS

Please click SUBMIT FORM once completed or email the form to reservations@rovos.co.za or your Rovos Rail Reservations Consultant

Who is the **Rovos Rail consultant** or **travel agent** you are dealing with? _____

Please provide your Rovos Rail **booking reference number** if you have one, for example RVR12345: _____

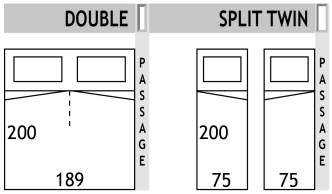
ROUTE: > **DATE:**

	PLEASE COMPLETE…	PASSENGER DETAILS 1	PASSENGER DETAILS 2
PASSPORT INFORMATION	Title		
	First Name		
	Surname		
	Country/Nationality		
	Language		
	Date of Birth		
	Passport Number		
	Issue Date		
	Expiry Date		
	Are your visas in order?		
CONTACT	Mobile	+	+
	Email		
	Address		
PERSONAL INFORMATION	Travelled with us before?	>	>
	How many trips taken?	>	>
	Smoker?	>	>
	Medical Conditions	>	>
	Physical Disabilities	>	>
	Food Allergies	>	>
	Celebrating a Special Event?		
INSURANCE	Travel Insurance Company		
	Insurance Company Contact		
	Travel Insurance Policy No.		
PRE-TRAIN	Hotel Name/Flight No./Other?		
	Transfer Company/Other		
	Transfer Contact Details		
POST-TRAIN	Hotel Name/Flight No./Other?		
	Transfer Company/Other		
	Transfer Contact Details		

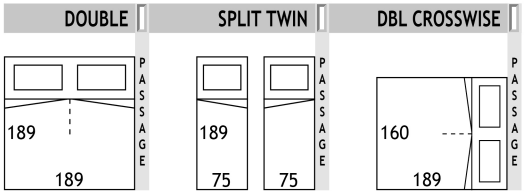
PLEASE SELECT SUITE AND BED TYPE *Measurements in CM*

A Pullman Gold may be allocated. This will be confirmed at time of booking or before departure.

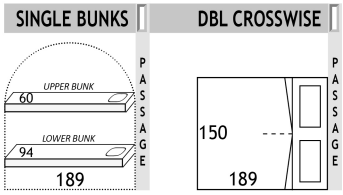
ROYAL



DELUXE



PULLMAN *NIGHT-TIME SETTING*



PERSON TO BE CONTACTED IN CASE OF EMERGENCY 1		PERSON TO BE CONTACTED IN CASE OF EMERGENCY 2	
Name:	Mobile: +	Name:	Mobile: +
Email:		Email:	

On confirmation of a reservation, our Terms & Conditions will deemed to have been accepted and will be strictly adhered to. Persons completing this form accept and agree to all T&C. Persons completing this form on behalf of others warrant that they have full authority to do so and, on their behalf, accept and agree to all T&C. The onus is upon the client to ensure passports and visas are valid prior to departure for Africa. **CANCELLATION INSURANCE IS COMPULSORY AS THESE FEES WILL NOT BE WAIVED.**

FULL NAME: _____ **DATE:** DD/MM/YYYY

SUBMIT FORM