



CLIENT DETAILS

Required on confirmation of a booking for every client travelling. To be returned via email to your consultant as soon as possible after confirmation. Kindly note that this signed document serves to confirm a booking, with all booking terms & conditions and the cancellation policy effective immediately.

Please note that a holiday trip or safari carries certain intrinsic risks. In the event of an emergency, the below information will assist us as in efficiently and effectively dealing with such events as your ground handlers and the first point of contact. PLEASE NOTE that our response time and effectiveness will be compromised should one choose not to complete this information.

Comprehensive travel insurance is excluded and it is sole responsibility of the Client to obtain. We highly recommend that all guests have comprehensive travel and medical insurance.

Please refer to our Expedition Packing List so that you may be suitably prepared for your safari.



CONSULTANT NAME:			
BOOKING NAME:			
FULL NAME & SURNAME: (As per passport)		FULL NAME & SURNAME: (As per passport)	
PASSPORT DETAILS		PASSPORT DETAILS	
Passport Number:		Passport Number:	
Nationality:		Nationality:	
Date of Issue:		Date of Issue:	
Date of Expiry: (Min 6 months from end date of travel)		Date of Expiry: (Min 6 months from end date of travel)	
Date of Birth:	Age:	Date of Birth:	Age:

BEAGLE EXPEDITIONS (PTY) LTD

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BEAGLE EXPEDITIONS

VOYAGES OF DISCOVERY

ARRIVAL & DEPARTURE DETAILS (Min 2-3 hrs for international connections)	ARRIVAL & DEPARTURE DETAILS (Min 2-3 hrs for international connections)
Airline:	Airline:
Flight Number:	Flight Number:
Date of Flight:	Date of Flight:
Departure Time & Location:	Departure Time & Location:
Arrival Time & Location:	Arrival Time & Location:
Airline:	Airline:
Flight Number:	Flight Number:
Date of Flight:	Date of Flight:
Departure Time & Location:	Departure Time & Location:
Arrival Time & Location:	Arrival Time & Location:



TRAVEL/MEDICAL INSURANCE DETAILS	TRAVEL/MEDICAL INSURANCE DETAILS
Name of Insurance Company:	Name of Insurance Company:
24hr Emergency Contact: (Including country code)	24hr Emergency Contact: (Including country code)
Policy Reference Number:	Policy Reference Number:



EMERGENCY CONTACT DETAILS	EMERGENCY CONTACT DETAILS
Name & Relationship: (Parent/Relative)	Name & Relationship: (Parent/Relative)
Contact Number: (Including Country Code)	Contact Number: (Including Country Code)
OTHER IMPORTANT DETAILS	OTHER IMPORTANT DETAILS
Medical Conditions: (Chronic medication must be carried in hand luggage)	Medical Conditions: (Chronic medication must be carried in hand luggage)
Special Dietary Requirements:	Special Dietary Requirements:
Drinks Preference:	Drinks Preference:
Weight: (Required due to aircraft safety, max weight 100kg per seat)	Weight: (Required due to aircraft safety, max weight 100kg per seat)
Room Preference (e.g. twin/double):	Room Preference (e.g. twin/double):
Room Sharing with:	Room Sharing with:
Special Requests/Occasions:	Special Requests/Occasions:
Contact Number: (While travelling)	Contact Number: (While travelling)

It is the responsibility of the Client, during the quotation process and prior to confirmation, to be aware of any vaccination, passport, visa and insurance requirements and to timeously obtain the necessary documentation required for entry into any particular country.

- I/We confirm that the information provided above is correct and that I have not omitted to declare any important information to the Company.
- I/We confirm that I/We fully understand the Beagle Expeditions' Terms and Conditions, and the implications thereof; and
- Beagle Expeditions' Terms and Conditions shall prevail should there be any conflict highlighted in the information submitted in this document.

Signature of Client: _____

Date: _____