



Reservation form

Please print/download, complete forms, post or scan and email to:

Shrike Safaris,

Rufiji Street,
P.o Box 2636,
Mwanza, Tanzania.

East Africa.

safari@shrikesafaris.org

IMPORTANT NOTE:

A \$ 300 non-refundable deposit will hold your space for up to 90 days prior to your departure.

I (we) would like to start my (our) safari on date: ____/____/____ to ____/____/____
Enclosed is a deposit for ____person(s) at US \$____per person, for a total of US \$____.

(state AMOUNT and CURRENCY)

being the _ Full Payment *OR* being the _ first Instalment** of Payment for the Safari.

I agree to pay the balance due no later than 60 days before the departure date.

I understand the application(s)/reservation(s) and deposit(s) accepted by Shrike safaris, Inc. subject to the Terms and Conditions regulations, and the Participant(s) Responsibility Code if signed by each member of the party and accompanied by the required payment.

I wish to undertake with Shrike safaris.

PAYMENT IS MADE BY (see page):

_ Currency notes

_ *** Bank transfer (attach bank receipt) _ Credit Card (attach copies etc)

_ Bank draft/IMO

_ Western Union 10-digit money transfer control number: _____

_ MoneyGram 8-digit transfer reference number: _____

(ask Shrike safaris for confirmation of fees or see website: www.shrikesafaris.org)

The safari I am paying for and wish to undertake with Shrike safaris is:

(write the exact name of the safari as stated in our web page eg Family safari or honeymoon safari):

Applicant's name (as written on passport): _____

Address: (Physical address) _____

City: _____ State/ Province: _____

Country: _____ Occupation: _____

Home Phone: _____ [day/eve] Work Phone: _____ [day/eve]

Date of Birth: _____ Country of Citizenship: _____

Your Passport #: _____ Expiration Date _____

Are you physically active? (Yes/No) Do you smoke? (Yes/No) Are you a vegetarian? (Yes/No)

Do you have any dietary needs or restrictions, or are there any foods that you do not eat?

If yes, please list: _____

How did you get to know us _____

Emergency Contact Person;

Full name: _____ Relationship: _____

Email address: _____ Phone number : _____

City: _____ State/ Province: _____ Country: _____

Occupation: _____

*** For your safety, and so that we may prepare accordingly, please tell us of any medical

conditions you have (or may have had) that may affect your participation or safety while on safari with Shrike safaris.

This information will only be used for your safari and held in strict confidence. It helps us to provide you with the best personal service. Please check with your doctor as to your medical needs and or medications (if any) that you might need to bring with you. _____

Are you allergic to any medicines, antibiotics, foods, insect stings or iodine? _____

Accommodations: Are you willing to share a room and/or tent with someone? _____

Would you like us to assign you a room/tent mate? (Yes/No) _____.

If you prefer single accommodations, are you willing to pay the current single supplement fee? (Yes/No)

Signature: _____

Date: _____

*****PLEASE ATTACH - IF POSSIBLEBLE - A CLEAR COPY OF YOUR PASSPORT. THE PASSPORTS ARE NOT, HOWEVER, ESSENTIAL, AND NEED NOT DELAY THE COMMENCEMENT OF YOUR SAFARI.**