QUESTIONNAIRE for Lategan Safaris

To assist us in the preparation of your safari, kindly complete this form and return it to eldre@xsinet.co.za or fax +2751 6342074 (All fields need to be completed)

**Hunter Information (**Personal particulars for immigration purposes)

|  |  |
| --- | --- |
| Surname |  |
| Full Names |  |
| Home Address |  |
|  |  |
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 Zip code |
| Business Address: |  |
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 Zip code |
| Home Tel |

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 Business Tel |
| e-mail address |

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 Fax No |
| Mobile no |

|  |
| --- |
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 Date of Birth  |
| Occupation |  |
| Passport # |  |
| Any allergies? |  |
| Use prescription medication? If yes please state |  |
| Any food preferences? |  |
| Any food dislikes? |  |
| Beverages during hunt?soda, juice,water,diet |  |
| Alcohol beverages at night?(beer wine mix drinks) |  |
| Do you like venison? |  |

**Travel information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Arrival Airport (pick-up)** |  | **Airline** | **Flight no** | **Date** | **Time** |
| **Departure****Airport****(Drop off)** |  | **Airline** | **Flight no** | **Date** | **Time**  |

**Observers information**

|  |  |  |
| --- | --- | --- |
| Observer |  | Children accompanying  |
| Full Names |  |  |
| Surname |  |  |
| Date of Birth |  |  |
| Passport # |  |  |
| Mobile no |  |  |
| Occupation |  |  |
| Prescription Medication |  |  |
| Any Allergies |  |  |
| Any food preferences? |  |  |
| Any food dislikes? |  |  |
| Beverages during hunt?soda, juice,water,diet |  |  |
| Alcohol beverages at night?(beer wine mix drinks) |  |  |
| Do you like venison? |  |  |
|  |   |  |

**Next of kin:**

|  |  |
| --- | --- |
| Surname |  |
| Full Names |  |
| Home Address |  |
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 Zip code |
| Relationship |  |
| Home Tel |

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 Business Tel |
| e-mail address |

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 Mobile no |

**Firearm and Hunt Information:**

|  |  |
| --- | --- |
| **Calibre** |  |
| **Amminution** | **Make:** |
|  | **Grain:** |

**Main Trophies to be hunted**

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**Additional information –**for any additional information please feel free to email or contact us

**Hunter:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**