



HOWZAT TRAVEL BOOKING FORM
SOUTH AFRICA 2009/10
SPRINGBOK TRAVELLER TOUR

Please print this booking form, complete it thoroughly and accurately, then send it, along with a copy of your passport, to:
 Irwell House, 19 Irwell Close, Melton Mowbray, Leicestershire LE13 0EL
 or email it to bookings@howzattravel.co.uk. Please ensure your deposit has been paid, or if you're paying by cheque, that it is included.

LEAD TRAVELLER (PLEASE COMPLETE IN BLOCK CAPITALS)

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------------------|-----|--|--|--|--|---------|--|--|--|--|--|--|---------------|-------|-----|----------------------------------|----------------------|----------------------------|-----|----|---|---|----|-----|---|---|---|---|
| SURNAME | | | | | | | | | | | | | | | | TITLE (DELETE AS APPROPRIATE) | MR / MISS / MRS / MS | PASSPORT NUMBER | | | | | | | | | | |
| FORENAME | | | | | | | | | | | | | | | | | | DATE OF ISSUE | D | D | / | M | M | / | Y | Y | Y | Y |
| ADDRESS | | | | | | | | | | | | | | | | | | DATE OF EXPIRY | D | D | / | M | M | / | Y | Y | Y | Y |
| ADDRESS (CONTINUED) | | | | | | | | | | | | | | | | | | COUNTRY OF PASSPORT (CODE) | | | | | | | | | | |
| TOWN | | | | | | | | | | | | | | | | | | DATE OF BIRTH | D | D | / | M | M | / | Y | Y | Y | Y |
| COUNTY | | | | | | | | | | | | | | | | | | SHIRT SIZE | MEN | S | M | L | XL | XXL | | | | |
| POST CODE | | | | | | COUNTRY | | | | | | | PLEASE CIRCLE | WOMEN | 10 | 12 | 14 | | 16 | 18 | | | | | | | | |
| PHONE - HOME (H) / MOBILE (M) | (H) | | | | | | | | | | | | | | (M) | | AGE IN YEARS | | | | | | | | | | | |
| EMAIL ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EMERGENCY CONTACT(S) | 1) | | | | | | | | | | | | | | 2) | | | | | | | | | | | | | |
| EMERGENCY CONTACT'S NUMBER(S) | 1) | | | | | | | | | | | | | | 2) | | | | | | | | | | | | | |
| SPECIAL DIETARY REQUIREMENTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HEALTH / MOBILITY REQUIREMENTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

2ND TRAVELLER (PLEASE COMPLETE IN BLOCK CAPITALS)

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------------------|-----|--|--|--|--|---------|--|--|--|--|--|--|---------------|-------|-----|----------------------------------|----------------------|----------------------------|-----|----|---|---|----|-----|---|---|---|---|
| SURNAME | | | | | | | | | | | | | | | | TITLE (DELETE AS APPROPRIATE) | MR / MISS / MRS / MS | PASSPORT NUMBER | | | | | | | | | | |
| FORENAME | | | | | | | | | | | | | | | | | | DATE OF ISSUE | D | D | / | M | M | / | Y | Y | Y | Y |
| ADDRESS | | | | | | | | | | | | | | | | | | DATE OF EXPIRY | D | D | / | M | M | / | Y | Y | Y | Y |
| ADDRESS (CONTINUED) | | | | | | | | | | | | | | | | | | COUNTRY OF PASSPORT (CODE) | | | | | | | | | | |
| TOWN | | | | | | | | | | | | | | | | | | DATE OF BIRTH | D | D | / | M | M | / | Y | Y | Y | Y |
| COUNTY | | | | | | | | | | | | | | | | | | SHIRT SIZE | MEN | S | M | L | XL | XXL | | | | |
| POST CODE | | | | | | COUNTRY | | | | | | | PLEASE CIRCLE | WOMEN | 10 | 12 | 14 | | 16 | 18 | | | | | | | | |
| PHONE - HOME (H) / MOBILE (M) | (H) | | | | | | | | | | | | | | (M) | | AGE IN YEARS | | | | | | | | | | | |
| EMAIL ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EMERGENCY CONTACT(S) | 1) | | | | | | | | | | | | | | 2) | | | | | | | | | | | | | |
| EMERGENCY CONTACT'S NUMBER(S) | 1) | | | | | | | | | | | | | | 2) | | | | | | | | | | | | | |
| SPECIAL DIETARY REQUIREMENTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HEALTH / MOBILITY REQUIREMENTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

TOUR COST

| | TOUR COST | NO. IN PARTY | TOTAL COST | DEPOSIT DUE NOW PP | NO. IN PARTY | TOTAL DEPOSIT DUE | 2ND PAYMENT BY 31.05.09 PP | NO. IN PARTY | TOTAL 2ND PAYMENT DUE | BALANCE DUE BY 01.09.09 PP | NO. IN PARTY | TOTAL BALANCE DUE | PREFERRED PAYMENT METHOD (TICK) |
|------------|-----------|--------------|------------|--------------------|--------------|-------------------|----------------------------|--------------|-----------------------|----------------------------|--------------|-------------------|--|
| TWIN PP | £3,899.00 | X | = | £780.00 | X | = | £1,170.00 | X | = | £1,949.00 | X | = | CHEQUE <input type="checkbox"/> |
| DOUBLE PP* | £3,899.00 | X | = | £780.00 | X | = | £1,170.00 | X | = | £1,949.00 | X | = | BANK TRANSFER <input type="checkbox"/> |
| SINGLE PP | £4,699.00 | X | = | £940.00 | X | = | £1,410.00 | X | = | £2,349.00 | X | = | PAYPAL* <input type="checkbox"/> * 2.5% FEE APPLIES |

DISCOUNT CODE : _____ PLEASE NOTE : DISCOUNTS WILL BE DEDUCTED FROM YOUR FINAL BALANCE PAYMENT THEREFORE PLEASE PAY DEPOSIT & 2ND PAYMENTS AS STATED ABOVE
 * We have a limited number of double rooms available, therefore we will do our best to meet your requirements, however twin rooms will be allocated where double rooms are unavailable, you will not be notified of this change.

CONFIRMATION

| | | | | | | | | | | |
|--|-----------|---|---|---|---|---|---|---|---|---|
| On behalf of the persons named above, I can confirm that I have read, understood and accept the terms of the booking. I also confirm that I will provide adequate travel insurance for all involved parties. | SIGNATURE | | | | | | | | | |
| | DATE | D | D | / | M | M | / | Y | Y | Y |

OPTIONAL EXTRAS - INVOICED SEPARATELY

MATCH TICKETS

| | PRICE** | NO. REQUIRED |
|-----------------------------|---------|--------------|
| DURBAN TEST - 5 DAY PASS | £150 | |
| CAPE TOWN TEST - 5 DAY PASS | £150 | |
| JOHANNESBURG - 5 DAY PASS | £150 | |

**Please note that these are guidelines prices at this stage. If, for any reason, the tickets are more than this, we will contact you directly to let you know. You will be invoiced separately for the cost of the tickets at the final price they are set at.

CAPE TOWN SIGHTSEEING OPTIONS

| | PRICE | NO. REQUIRED | PREFERRED DATE |
|---|-------|--------------|----------------|
| ROBBEN ISLAND & TABLE MOUNTAIN (FULL DAY) | £50 | | |
| CAPE POINT (FULL DAY) | £30 | | |
| ROBBEN ISLAND ONLY (HALF DAY) | £30 | | |
| TABLE MOUNTAIN ONLY (HALF DAY) | £30 | | |

Please note that you will be invoiced separately for the cost of sightseeing options, once final numbers have been confirmed for each trip. All excursions are subject to obtaining minimum numbers. If you have paid and a sightseeing tour does not go ahead, you will be provided with a full refund.

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 Registered Office : Irwell House, 19 Irwell Close, Melton Mowbray, Leicestershire LE13 0EL
 Company Registration No. 5589009



Your Financial Protection

The air holiday packages shown are ATOL protected by the Civil Aviation Authority. Our ATOL number is ATOL 9498.

If you have any questions, don't hesitate to call us on 01664 410 658 or email bookings@howzattravel.co.uk and we will guide you through the booking process.