

# TOUR REGISTRATION FORM

(Please take time to carefully complete)



Tour Name: Majestic Africa 2017

Departure date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Full names as per passport \_\_\_\_\_

Address & Phone Number \_\_\_\_\_

\_\_\_\_\_ ( ) \_\_\_\_\_

Email address \_\_\_\_\_

Passport type (e.g. Australian or NZ) \_\_\_\_\_

Photocopy of the photo page of your passport.

Enclosed (✓) ☐

Preference for sleeping (✓)

☐ Don't mind  
Dble or Twin

☐ Double

☐ Twin

Your Date of Birth

\_\_\_\_\_

Flights: Any special meals/seating, etc.

\_\_\_\_\_

Please state the name you like to be called  
if different from above (e.g. Bill, Liz, etc.)

\_\_\_\_\_

Health – Please list any medical condition that  
you presently have or are under treatment for

\_\_\_\_\_

Please list the places you have previously  
visited on this tour

\_\_\_\_\_

Do you have full mobility?

(Essential on a Great Village Holiday)

\_\_\_\_\_

Deposit \$1,500.00 per person

\_\_\_\_\_

via Cheque or Bank Deposit to Account No. 06-0817-0313503-01

I have read and agree with the booking conditions  
booking conditions

\_\_\_\_\_

Please sign

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

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