



Booking Form & Personal Info

Tour Name:
Tour Date:
Title:
First Name:
Last Name:

Known as (if different to passport):

Street Address:

Suburb:

Post Code:

Home Phone:

Business Phone:

Fax:

Mobile:

Email:

How would you prefer to be contacted?

Passport Number:

Place of Issue:

Date of Issue:

Date of Expiry:

Date of Birth:

Or age group:

Sex: Female Male

Shirt Size: Mens

Ladies

Golf Club name:

Handicap:

I wish to share a room with:

Single Sup: Yes No

Tour extension:

@ (\$):

Motorised carts all courses? (medical certificate required)

Would you like us to arrange your international flights with South African Airways? If yes, please select:

Business Economy

GENERAL INFORMATION & SPECIAL REQUIREMENTS

eg: Diet /Health /Accommodation /Medical

I have read, understand and accept the "CONDITIONS OF CONTRACT"

Signed:

Date: