

BOTSWANA AND ZAMBIA PHOTOGRAPHIC SAFARI

May 16 – 31, 2018

Escorted by Professional Photographer Doug Steakley

TRIP REGISTRATION FORM - PLEASE PRINT CLEARLY

Name (as in passport) Last _____ First _____ Middle _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

Passport No: _____ Expiration Date _____ No of blank pages in passport _____

Date of birth _____ Occupation: _____

In case of emergency, contact _____ Day & Eve phone _____

- I am traveling alone and would like to share a room (single room supplement required if no roommate match can be made)
 I prefer to room alone and will pay for the single supplement of \$ 1890.00

I am sharing a room with: _____

Total safari price: \$ 10,975 per person, double occupancy
Deposit to confirm registration: \$2500 per person (deposit is non-refundable)
(All prices based on payment by check. Extra service fee will apply if paid by credit card)

YOUR NON-REFUNDABLE DEPOSIT OF \$2500 IS DUE WITH THE COMPLETED REGISTRATION FORM. YOUR FINAL PAYMENT IS DUE NO LATER THAN February 14, 2018. PLEASE MAKE ALL CHECKS PAYABLE TO BEST SAFARIS. YOU MUST SIGN YOUR NAME ON THE SIGNATURE LINE BELOW TO VALIDATE THIS FORM. PLEASE MAKE A COPY OF THIS FORM FOR YOUR RECORDS.

Trip cancellation/Medical insurance available through Travel Guard. For details, visit www.travelguard.com/bestsafaris

- Charge \$2600 to my credit card for deposit only. Check for \$2500 is enclosed for deposit only
- Amex Discover Visa M/C No. _____ Exp Date: _____

Important: Please provide the 3 digit number at the back of your card - 3 digit code _____

Print name as shown on the credit card _____

Medical information: Some regions in Africa are over 6000 ft. above sea level and travel is over rough and dusty roads. Please advise below if you are physically disabled or handicapped, under a doctor's care or taking any medication or have allergies, heart condition, diabetes, high blood pressure, suffer from back or neck pains.

None Yes Describe _____

SIGNATURE _____ DATE _____ required with filled out application, and constitutes consent to all BEST SAFARIS' provision in the general information, terms and conditions attached to this registration. Please return this signed and completed form with your deposit, liability release form and a copy of your passport's photo and signature page to:


Memorable Journeys to Africa

Doug Steakley

P.O. Box 736, Carmel Valley CA 93924

Please call Doug at 831.601.0632 with questions or

2700 E. Imperial Hwy Suite N, Brea CA 92821

Prem or Gaby at 800.757.6625 714.985.3456