

# KENYA – THE GREAT MIGRATION PHOTOGRAPHIC SAFARI

September 02 -17, 2017

Escorted by Wildlife Professional Photographer Doug Steakley

## TRIP REGISTRATION FORM - PLEASE PRINT OR TYPE

Name (as in passport) Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Eve: \_\_\_\_\_ 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. My roommate's name is \_\_\_\_\_  
(single room supplement required if no roommate match can be made)
- I prefer to room alone and will pay for the single supplement of \$ 1710.00

**Land only price: \$11,340.00 (based on double occupancy)**  
**Deposit to confirm registration: \$1000 per person (deposit is non-refundable)**  
**(All prices based on payment by check. If paying by credit card, add \$510 to the total)**

**YOUR NON-REFUNDABLE DEPOSIT OF \$1000 IS DUE WITH THE COMPLETED REGISTRATION FORM. YOUR FINAL PAYMENT IS DUE NO LATER THAN June 05, 2017 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](http://www.travelguard.com/bestsafaris)**

- Charge \$1051. to my credit card for deposit only  Check for \$1000 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**  
220 Vista Verde, Carmel Valley CA 93924  
PLEASE CALL 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