

WAIT A LITTLE

African Big Five Horse Safari

Wait A Little Horse Safaris (PTY) LTD Reg. number: 2004/007893/07
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BOOKING FORM

fax to +27-(0)86-684 1574

PERSONAL DETAILS

First name:	
Surname (Mr,Mrs,Miss):	Female: Male:
Address:	
Special diet/allergies:	
Weight (please understand, that our weight limit is 95kg (210lbs/15stone)):	
Height:	
Date of Birth:	

RIDING EXPERIENCE

How long have you been riding (in years)?	
How frequently (current)?	
Are you aware, that this is a challenging ride and you have to be a fit and competent rider?	
Are you aware, that we are riding classical English style?	
Have you ever been instructed?	
Are you able to mount unaided?	
Would you say for yourself, that you can control a horse?	
Are you able to jump small jumps?	
Give details of any type of horse you have ridden regularly in the last 6 months:	
Have you ridden competitively?	
Do you have experience of riding over tough terrain?	
Do you have any medical condition or disability that may affect your ability to ride?	

ARRIVAL AND CONTACT DETAILS

Arrival details (Airport/own vehicle):	
Arrival day and time:	
Departure Details (Airport/own vehicle):	
Departure day and time:	
Transfers required:	
Size of group you would come with:	
Single or double room (please notice, that we do offer a single room without supplement or ask 50% if you would request a single tent):	
Your contact number:	
Your e-mail address:	
Your country of permanent residence:	
Yes I have a valid travel/medical insurance and will provide my insurance details on arrival.	
Yes I understand the conditions and accept them.	
Date:	Signature: