



African Footprint CLIENT SAFARI INFO:

NAME AND LAST NAME: _____

DATE OF SAFARI: _____

DETAILS OF NECT OF KIN: - CONTACT IN CASE OF EMERGENCY

NAME:
RELATION:
PHONE NUMBER:
E-MAIL ADRESS:

FOOD AND BEVERAGE PEREFERENCE: PLEASE FEEL FREE TO BE SPECIFIC AS WE WANT TO CATER YOUR SPECIFIC NEEDS:

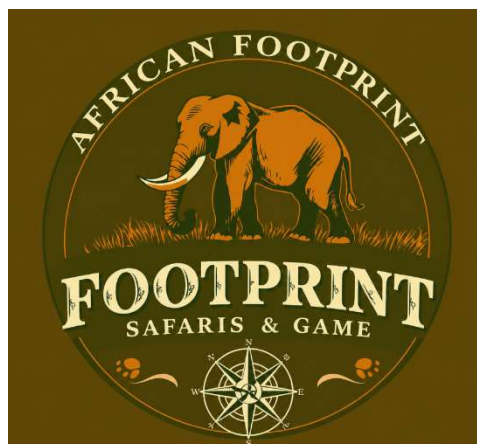
PLEASE LIST ANY ALLERGIES & FOOD ALLEGERGIES:
PLEASE LIST ANY FOODS THAT YOU DISLIKE OR WOULD RATHER NOT EAT:
FOOD PREFERANCES:
BEVERAGES DURING MEALS:
BEVERAGES DURING HUNTING:
ALCOHOLIC BEVERAGES:
ANY OTHER NOTES:

GENERAL MEDICAL INFO: HEART CONDITIONS, DIABETES, ECT.

--

PLEASE MAKE SURE THAT WE ARE IN POSSESSION OF YOUR SAFARI CONTRACT, IMDEMNITY WAIVER & RIFLE DOCUMENTATION.

THANK YOU!!!!



African Footprint

Company Registration Number: 2025/657314/07



PO Box 73 Sunset Plaza Onverwacht
Lephalale 0557



+27675926765, +27788226026



footprintafrican68@gmail.com
neels@african-footprint.com
info@african-footprint.com

African Footprint CLIENT SAFARI INFO:

NAME AND LAST NAME: _____

DATE OF SAFARI: _____

DETAILS OF NECT OF KIN: - CONTACT IN CASE OF EMERGENCY

NAME:

RELATION:

PHONE NUMBER:

E-MAIL ADRESS:

FOOD AND BEVERAGE PEREFRANCE: PLEASE FEEL FREE TO BE SPECIFIC AS WE WANT TO CATER YOUR SPECIFIC NEEDS:

PLEASE LIST ANY ALLERGIES & FOOD ALLEGERGIES:

PLEASE LIST ANY FOODS THAT YOU DISLIKE OR WOULD RATHER NOT EAT:

FOOD PREFERANCES:

BEVERAGES DURING MEALS:

BEVERAGES DURING HUNTING:

ALCOHOLIC BEVERAGES:

ANY OTHER NOTES:

GENERAL MEDICAL INFO: HEART CONDITIONS, DIABETES, ECT.

PLEASE MAKE SURE THAT WE ARE IN POSSESSION OF YOUR SAFARI CONTRACT, IMDEMNITY WAIVER & RIFLE DOCUMENTATION.

THANK YOU!!!!