



RESERVATION FORM

PLEASE EMAIL THIS FORM TO RESERVATIONS@ROVOS.CO.ZA OR FAX TO +27 (0)12 315 8320

Who is the Rovos Rail consultant or travel agent you are dealing with? _____

ROUTE FROM: _____ **TO:** _____ **DATE:** _____

PLEASE COMPLETE...	PASSENGER DETAILS 1	PASSENGER DETAILS 2
PASSPORT INFORMATION	Title	
	First Name	
	Surname	
	Country/Nationality	
	Language	
	Date of Birth	
	Passport Number	
	Issue Date	
	Expiry Date	
Are your visas in order?		
CONTACT	Mobile	
	Email	
	Address	
PERSONAL INFORMATION	Travelled with us before?	
	How many trips taken?	
	Smoker?	
	Medical Conditions	
	Physical Disabilities	
	Food Allergies	
Celebrating a Special Event?		
INSURANCE	Travel Insurance Company	
	Insurance Company Contact	
	Travel Insurance Policy No.	
PRE-TRAIN	Hotel Name/Flight No./Other?	
	Transfer Company/Other	
	Transfer Contact Details	
POST-TRAIN	Hotel Name/Flight No./Other?	
	Transfer Company/Other	
	Transfer Contact Details	

PLEASE SELECT SUITE AND BED TYPE *Measurements in CM* **SUBJECT TO AVAILABILITY**

ROYAL		DELUXE			PULLMAN <i>Nighttime Setting</i>		
DOUBLE	SPLIT TWIN	DBL LENGTHWAYS	DBL CROSSWISE	SPLIT TWIN	DOUBLE	TWIN	SINGLE BUNKS
<p>200 189</p>	<p>200 75 75</p>	<p>189 189</p>	<p>160 189</p>	<p>189 75 75</p>	<p>150 189</p>	<p>75 75 189</p>	<p>UPPER BUNK 60 189 LOWER BUNK 94 189</p>

Mattresses side by side

PERSON TO BE CONTACTED IN CASE OF EMERGENCY 1	PERSON TO BE CONTACTED IN CASE OF EMERGENCY 2
Name: _____ Mobile: + _____	Name: _____ Mobile: + _____
Email: _____	Email: _____

TOUR CONTRACT BETWEEN (NAME IN FULL)... AND ROVOS RAIL TOURS (PTY) LTD	SIGNATURE: _____
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The above is subject to all Terms & Conditions and will be strictly adhered to. Persons signing on behalf of others warrant that they have full authority to do so and, on their behalf, accept and agree to all Terms & Conditions. The onus is upon the client to ensure that passports and visas are valid prior to departure for Africa. **CANCELLATION INSURANCE IS COMPULSORY AND WILL NOT BE WAIVED.**