



OMBENI SAFARIS

"Explore Africa Your Way"

Ombeni Safari's Tour Application

Enclosed Deposit:

NOTE: The name provided must match your passport exactly. This includes any middle name if it appears on your passport.

Name:

Passport #

Exp Date:

Birth Date:

NOTE: If you live at other address, please fill out a separate form.

Full Name:

Passport #

Exp date:

Birth Date:

Address:

City/State/Zip:

Phone:

Cell:

E-Mail:

Roommate (is filling out a separate form):

Accommodation

Double

Single

Airline Seats:

Window

Aisle

Next to:

Travel Insurance:

No

Yes - Please provide information

Payment

Check

Credit Card

Bank to Bank Transfer to Tanzanian Bank (Information Provided)

I/We have read and understand the terms and conditions stated in this tour brochure.

Authorized Signature

Additional Information:

NOTE: All information provided is strictly confidential and will only be shared with persons directly involved with your travel who need to know.

Preferred Name:

Age:

Marital Status:

Single

Married

Job Status:

Working

Retired

Food Preference

Non-Vegetarian

Vegetarian

Do you have any known medical that may require attention during your travel?

Yes

No

If Yes please specify:

Do you require

Wheelchair

Walking Cane

Please be aware that you must check with your health care provider prior to traveling to obtain any travel medications such as antibiotic or malaria pills. Not all medications are required depending on your area of travel.



Ombeni African Safaris LLC/LTD

8383 Greenway Boulevard | Suite 600 | Middleton, WI 53562 | USA

travel@ombenisafaris.com | www.ombenisafaris.com | 608-316-5343 | 800-436-4934