

**NOMAD African Travel
Zambia Ltd**

BOOKING FORM FOR BUSHBUCK RIVER HOUSE

Date of arrival	Date of departure	No. of nights	Reservation name

ACCOMMODATION DETAILS

Accommodation	No.	Details - e.g single/dble	Room cost pp. pn.
ROOMS			
GUESTS			
B&B or Dinner B&B			
Please list any food you do not eat			<u>TOTAL ROOM COST</u>

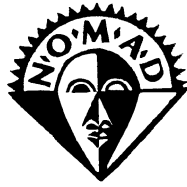
TRANSFER DETAILS

Arrival Point of pick up	Time of pick up	Flight No. if appropriate
Departure Point of drop off	Time of drop off	Flight No. if appropriate
		<u>TOTAL TRANSFER COSTS</u>

DETAILS OF GUESTS

Name (exactly as on passport)	Date of Birth	Passport No. & Nationality	Expiry date	Gender

NOMAD African Travel Zambia Ltd. Liyoyelo Farm, Livingstone.
P.O. Box 60060, Livingstone, Zambia. Tel:- 00260 (0) 3 327769
e-mail: bushbuck@nomadafricantravel.co.uk



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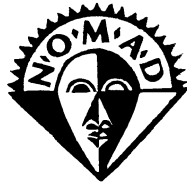
ACTIVITIES DETAILS

Activity	Date & time	Price per person	No. people	TOTAL ACTIVITIES COSTS

ADDRESS FOR INVOICE

Please note that all visitors should have comprehensive medical insurance that includes medical evacuation by air.

In case of illness please list below any medical conditions that we should be aware of and any medication used. Many Thanks.



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