



# Impala Adventures Ltd

8 Spencer Road, Lutterworth, Leicestershire, LE17 4PG

Tel: 01455 203167 Mobile: 07939 014747

E-mail: [louise@impalaadventures.co.uk](mailto:louise@impalaadventures.co.uk)

## BOOKING FORM

### Namibia

All sections must be completed in full. Please check website for terms and conditions.

#### Main Driver

Name .....E-mail .....

Address .....

.....

Telephone No ..... Mobile .....

Profession ..... Passport No .....

Date of Issue ..... Expiry Date .....

Date of Birth ..... Place of Birth .....

I would like to confirm that I am joining Impala Adventures Ltd in Namibia on 10<sup>th</sup> to 21<sup>st</sup> April 2017

I have enclosed:

- 30% non-refundable deposit of £1,230 (cheques payable to **Impala Adventures Ltd**, if you would like to pay by **BACS** or **SWIFT** please contact us for details)
- Photocopies of Passport for each client
- Photocopy of all drivers Driving Licenses

Signed ..... Date .....

**Please continue overleaf if necessary:**



# Impala Adventures Ltd

## Passenger Details

Co-Driver or Passengers (please use separate forms if required)

Name ..... E-mail .....

Address .....

.....

Telephone No ..... Mobile .....

Profession ..... Passport No .....

Date of Issue ..... Expiry Date .....

Date of Birth ..... Place of Birth .....

## GPS

Make ..... Model .....

Experience of use .....

**N.B.** At **Impala Adventures** we use Garmin GPS units and should be able to upload the co-ordinates that you will need for the adventure.

How did you first hear of **Impala Adventures**? (Please circle appropriate)

**Magazine**

**Show**

**Internet search**

**Recommended by?** .....

**Other** .....

**Please continue overleaf if necessary:**



# Impala Adventures Ltd

## Health Information

### Main Driver

Name ..... Registration No.....

Address .....

.....

Doctors Name .....

Address .....

.....

Tel. No..... Blood Group .....

Medical History .....

.....

.....

Please list any drugs that you take and why .....

.....

.....

### Health Insurance

**Please send us a photocopy of your policy**

Company .....Policy No .....

Tel No .....

**Please continue overleaf if necessary:**



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Name ..... Registration No.....

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