

A Venture into the Interior

- a journey into inner and outer landscapes of Africa

REGISTRATION FORM FOR THE SCHOOL OF NATURE –AFRICA GROUP

29 AUGUST ~ 18 SEPTEMBER 2010

PERSONAL INFORMATION

PERSONAL DETAILS

Title: _____ Full Name: _____

Date of Birth: _____

Home Address: _____

Postal Address: _____

_____ Code: _____

Email Address: _____ (Cell) _____

Tel: (home) _____ (work) _____ (Fax) _____

Nationality: _____ Occupation: _____

CONTACT PERSON IN CASE OF AN EMERGENCY:

Name: _____

Relationship to Participant: _____

Tel: Home: _____ Work: _____ Fax: _____

Cell: _____

FAMILY DOCTOR

Name of Doctor: _____

Phone number of doctor: (Surgery) _____ (Cell) _____

DIETARY REQUIREMENTS:

Dietary Requirements: _____

Other Special Requests: _____

MEDICAL HISTORY

PLEASE BE AS COMPLETE AS POSSIBLE IN YOUR INFORMATION. IF MORE SPACE IS NEEDED, ATTACH A SEPARATE SHEET TO THIS FORM.

List any allergies: (e.g. insect stings, food, medications, hay fever, etc.) _____

Do your allergies require medication or special treatment: Yes: No:

Describe all treatments: _____

List recent injuries, illnesses, and operations: _____

Give date and describe: _____

List and describe any physical disabilities or chronic conditions (e.g. poor eyes, knee, ankle or back problems or heart condition): _____

For your safety, please declare any relevant medical information not addressed above.

ADDITIONAL HEALTH AND SAFETY QUESTIONS

Do you know how to swim? Yes: No:

Wear contact lenses? Yes: No:

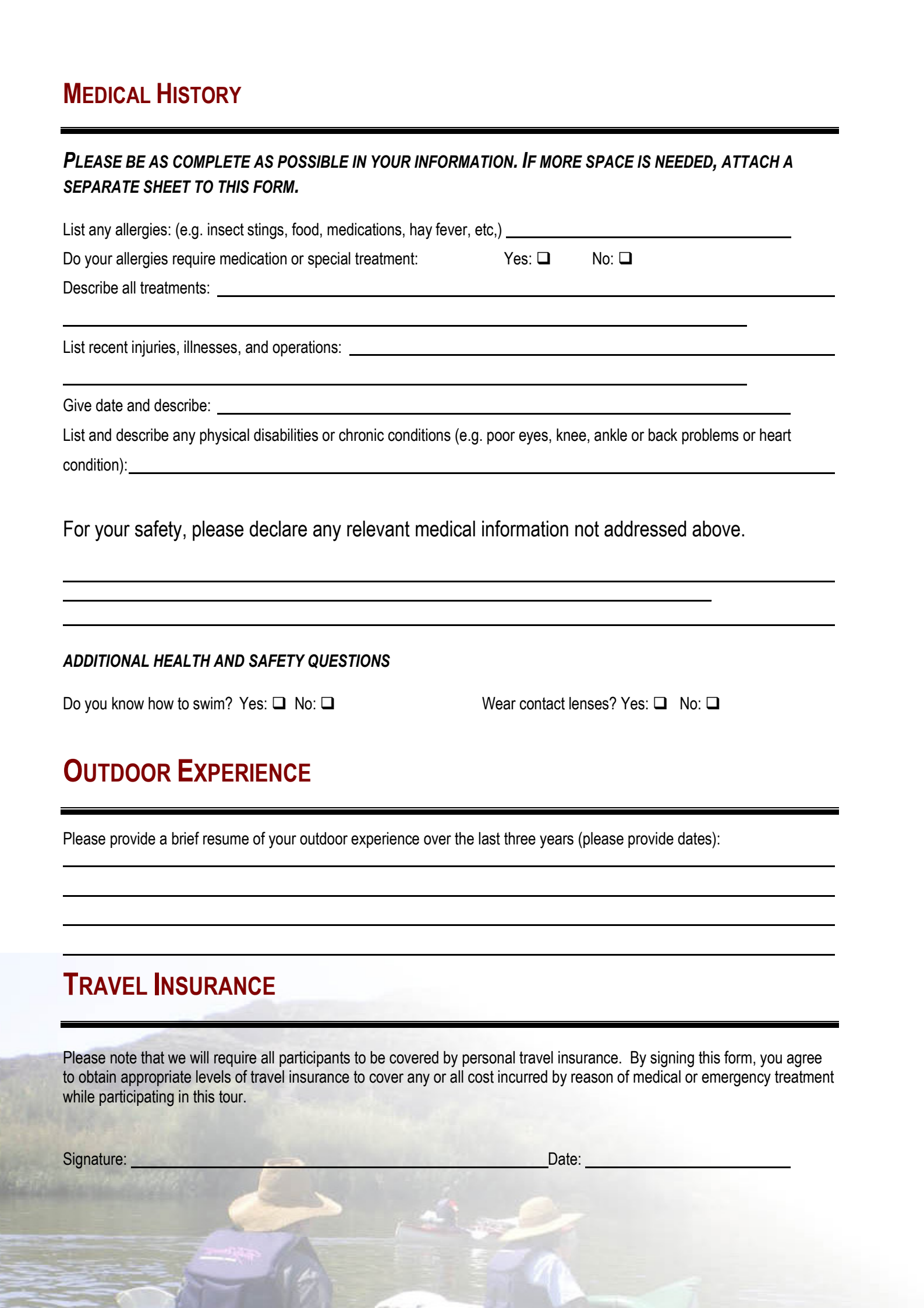
OUTDOOR EXPERIENCE

Please provide a brief resume of your outdoor experience over the last three years (please provide dates):

TRAVEL INSURANCE

Please note that we will require all participants to be covered by personal travel insurance. By signing this form, you agree to obtain appropriate levels of travel insurance to cover any or all cost incurred by reason of medical or emergency treatment while participating in this tour.

Signature: _____ Date: _____



COSTS AND PAYMENT

COSTS: 28,000ZAR (excluding flight costs).

DEPOSIT: A 25% deposit (7,000ZAR) will secure your place. The balance (75%) is due 60 days prior to the start of the tour.

EARLY BIRD DISCOUNT: 25,200ZAR (10% discount) if booking made and deposit paid by 15th October, 2009.

Please indicate the type of payment you will be making:

Credit card:

Direct deposit:

Electronic Funds Transfer (EFT):

For credit card bookings, please provide the following information:

Name of Cardholder: _____ Card Number: _____

CVC No (last 3 numbers on the back of your card): _____ Expiry Date: _____

Authorised Signature: _____

Amount : 7,500ZAR (25% deposit). The balance is due 60 days prior to the start of the tour.

(Please note that the account name that will be reflected on your credit card statement is: School of Nature – Africa)

For Direct deposit OR EFT, please use the following information:

Account Name: School of Nature

Country: South Africa

Bank Name; Standard Bank;

Account type: Savings

Account Number: 276294912;

Branch code: 02560920;

Swift Number: SBZAZAJA;

Reference: Your name

PLEASE EMAIL (lizelle@ccdgroup.co.za) OR FAX THIS APPLICATION FORM AND PROOF OF PAYMENT TO LIZELLE O'CALLAGHAN AT OR (+27 (086) 634 8425)

CONTACT DETAILS:

Adminstration & Fee payments:

Lizelle O'Callaghan

Tel: +27 (0)21 702 4050

Fax: +27 (0)86 634 8425

Mob: +27 (0)82 324 2786

E-mail: lizelle@ccdgroup.co.za

Further Information:

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