



BULLET SAFARIS



PERSONAL INFORMATION

SURNAME:
FIRST NAMES:

ADDRESS:

TEL: HOME:	WORK:	MOBILE:
FAX:	E-MAIL:	

OBSERVERS

SURNAME :	FIRST NAME :
SURNAME :	FIRST NAME :
SURNAME :	FIRST NAME :

FOR IMMIGRATION PURPOSES

PASSPORT NO:	ISSUED AT:
ISSUE DATE:	EXPIRY DATE:

BIRTH DATE:	BIRTHPLACE:
OCCUPATION:	

IN AN EMERGENCY - NOTIFY

NAME:	NAME:
ADDRESS:	ADDRESS:

TEL: HOME:	TEL: HOME
TEL: WORK:	TEL: WORK

DETAILS OF FIREARMS

MAKE:	CALIBRE:	SERIAL NO:
AMMO: QUANTITY:		

MAKE:	CALIBRE:	SERIAL NO:
AMMO: QUANTITY:		

MAKE:	CALIBRE:	SERIAL NO:
AMMO: QUANTITY:		

HUNT INFORMATION

TROPHIES DESIRED (IN ORDER OF PREFERENCE):

PREVIOUS SAFARI EXPERIENCE:

DATE OF ARRIVAL:

FLIGHT # AND TIME:

HUNT STARTS:

HUNT ENDS:

DATE OF DEPARTURE:

FLIGHT # AND TIME:

FOOD & DRINK PREFERENCES:

FOOD DISLIKES OR ALLERGIES:

Please circle one or more: Wine / Beer / Mix Drink (specify _____) or None.

OTHER INTERESTS (BIRDS, FISHING, LOCAL CULTURE, TOURING ETC.):

DAILY RATE

1 CLIENT X 1 PH _____ DAYS @ US\$ _____ PER DAY = USD \$

2 CLIENTS X 1 PH _____ DAYS @ US\$ _____ PER DAY = USD \$

OBSERVERS _____ DAYS @ US\$ _____ PER DAY = USD \$

TOTAL DAILY RATE = USD \$

50% DEPOSIT REQUIRED TO CONFIRM BOOKING = USD \$

DAILY RATE BALANCE DUE ON _____, IN THE AMOUNT OF USD \$

HEALTH

GENERAL PHYSICAL CONDITION?

ANY PHYSICAL HANDICAPS?

HEART PROBLEMS PAST OR PRESENT? (IF YES, PLEASE EXPLAIN)

ARE YOU ON MEDICATION? (IF YES, PLEASE EXPLAIN)

DIABETES, ASTHMA, EMPHYSEMA OR RESPIRATORY PROBLEMS?

ANY ALLERGIES? (I.E. TO DRUGS, SUCH AS PENICILLEN ETC.)

SMOKER?

WEIGHT:

HEIGHT:

BLOOD TYPE:

LIABILITY WAIVER

I understand that travel and hunting are inherently dangerous activities. I accept the dangers in using small planes, boats, off road vehicles, and guns in remote areas. I willingly take part in traveling to foreign countries to hunt dangerous animals on foot. I understand that my participating in these activities exposes me to many obvious dangers, unforeseen dangers, and complications that can cause death, great bodily harm, and financial loss. I, my family, dependents, or beneficiaries will not hold Nathan Askew or any persons involved in the planning or conducting of my African Safari liable or responsible, financially or otherwise, for any loss or injury incurred before, during, after, or as a result of this safari. I take full responsibility for any such loss, regardless of negligence on the part of Nathan Askew or any other persons associated with him or any part of my African Safari.

SIGNATURE:

DATE:

DEPOSIT INFORMATION

The 50% deposit on daily rate is non refundable. Deposits may be transferred to other hunters or other dates if possible. I understand that a cancellation due to any reason is a forfeit of my deposit money. Remaining daily rate, travel expenses, and all other fees (minus trophy fees) must be paid in full 45 days before the start of the safari.

SIGNATURE:

DATE:

RETURN TO

Nathan Askew
1030 N. Ranney
Sikeston, MO 63801
USA: (573) 587 1234 or (573) 471 7465
Africa: +27 72 157 8362

TANZANIA and MOZAMBIQUE REQUIREMENTS

- 10 x passport photos mailed to Nathan Askew (for your hunting licenses and firearms permits)
- You will need to obtain a visa from the foreign countries embassy.
In the USA contact: Mozambique Embassy (202) 293 7146
In the USA contact: Tanzania Embassy: (202) 939 6125
South Africa Requires no visa.

NOTES