

FLIGHT BOOKING FORM



Full name: \_\_\_\_\_  
Surname: \_\_\_\_\_  
Contact number: (    ) \_\_\_\_\_  
Fax number: (    ) \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Company / Organization: \_\_\_\_\_

Type of flight:

- One way
- Return
- Overnight
- Multiple stops
- Scenic

Purpose of Flight:

- Executive business
- Corporate team building
- Safari
- Leisure
- Cargo & freight

Departure date: *dd / mm / yyyy*  
Point of departure: \_\_\_\_\_

Return date: *dd / mm / yyyy*  
Point of arrival: \_\_\_\_\_

Number of adults:

Number of children:

Passengers with disabilities:  Yes (please specify what type of assistance you require)  No  
\_\_\_\_\_  
\_\_\_\_\_

Special requirements: \_\_\_\_\_  
\_\_\_\_\_

*A d v e n t u r e s   B e y o n d   Y o u r   D r e a m s*