

REGISTRATION FORM

Soul Journeys - Registration Form

No. 8 Moray Drive Bryanston, 2021, Johannesburg, South Africa

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E-Mail: jo@souljourneys.za.com or jacqui@souljourneys.za.com or info@souljourneys.za.com

Please complete the following information and fax/e-mail it back to us promptly

TOUR NAME _____

Tour Start Date (dd/mm/yy) _____

Tour Return Date (dd/mm/yy) _____

Tour Price _____

Client Name (As it appears on your passport) _____

Place & Date of Birth (dd/mm/yy) _____

Physical Address _____

Home Phone No. _____ Work No _____

Mobile No _____ E-Mail Address _____

Passport No _____ Nationality _____

Date of Issue _____ Place of Issue _____

Date of Expiry _____ Occupation _____

Emergency Contact Information

Name _____ E-Mail _____

Contact Numbers _____

Do you have any special dietary requirements? _____

Your Voyager Number for flight bookings _____

Would you like a Twin sharing room? _____

Would you like a Single room? _____

If you are not travelling from South Africa, would you like us to organise your flight arrangements?

_____ If Yes, from which city? _____

Do you understand that these flight costs will be charged to you separately? _____

What method of payment will you be using? _____

I have read and agree to the registration and booking conditions and all the general information as outlined in the Terms and Conditions section for Soul Journeys. I also understand and accept that the unique nature of this type of travel involves accommodations, transport, safety and medical facilities not found on a conventional vacation. Please supply details herewith below.

Signature in acceptance of the above _____

Print Full Name _____

Physical Address _____

Date (dd/mm/yy) _____ Contact Number _____