

Stellenbosch Destinations

Booking Form

Guest responsible for booking

Full Name		Passport number
Surname		
Street Name & No		
City/town/village		Expiry Date
Country/state/province		
Postal code / zip code		

Accompanying guests

	Name	Nationality
1		
2		
3		
4		
5		

Contact Details

	Telephone number incl. country code	Accessible until
Land-line		
Fax		
Mobile		
E-mail		

Arrival/Departure Details

Date of arrival	Date of departure	No of nights	
Flight Number	Time of arrival in Cape Town	Airport Transfer required ?	Estimated time of arrival if by car

Date..... Place..... Signature.....

Please note that your booking is a legally binding agreement. If you cancel your trip the cancellation policy WILL apply. Your signature on this form also indicates that you have read, accepted and agreed to general information letter with our terms and conditions that is sent with this form. You can read it on <http://stellenboschdestinations.co.za/postbooking/>

Please complete and sign our booking form and mail to info@stellenboschdestinations.co.za or fax to + 27 (0) 86 216 6895