



MAY 2ND – MAY 13TH SOUTH AFRICA 2021

BOOKING FORM

Name as it appears on your Passport



| Gender | Date of birth | Last Name | | First Name | | Middle Name | Citizenship |
|--------------------------------------|---------------|-----------|--------------------------|---|--|--------------|---------------|
| | | | | | | | |
| Street Address | | | | City | State | Zip Code | Country |
| | | | | | | | |
| Passport # | | Date Iss. | Ex date | Place of issue | Do you have 4 consecutive clear passport pages? Yes No | | |
| | | | | | | | |
| Name of Emergency Contact | | | Emergency Contact Number | | | Relationship | |
| | | | | | | | |
| Phone Number to be used on your trip | | | | | | | |
| Email Address: | | | | Will the credit card holder(s) listed below be travelling on this trip? | | | Circle Yes No |

PAYMENT INFORMATION

(ALL CREDIT CARD PAYMENTS WILL INCLUDE 4% ADMINISTRATIVE FEE)

| | | | | | | | |
|------------------------------|----------|--------------------|------|-------|-----|--|--|
| Card type | | Card Number | | | | | |
| Exp Date | | CID/CVV (Sec Code) | | | | | |
| Name as it appears on Card | First | Middle | | Last | | | |
| Billing Address for the Card | Address: | | City | State | Zip | | |
| Card Type | | Card Number | | | | | |
| Exp Date | | CID/CVV (Sec code) | | | | | |
| Name as it appears on Card | First | Middle | | Last | | | |
| Billing Address for the Card | Address | | City | State | Zip | | |

Third Party Payee: I hereby authorize Traditional Elegance/Solomon Travel Enterprise to charge the above trip cost to my credit card for:

_____ Full Name of the passenger

Printed Name: _____ Signature _____

Cardholder's printed name & signature

PLEASE NOTE***All Third Party Payees must include a legible photocopy of a Valid GOVERNMENT issued ID such as Driver's License, Passport, Military ID or State ID with this form**