

# Guest Registration Form

Welcome to Lukimbi Safari Lodge. We trust that your stay will give you the real African bush experience. Please read and complete the details below to ensure we are prepared for your



First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Password/ID: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Physical Address/Postal Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Country: \_\_\_\_\_

Contact Number While Travelling: \_\_\_\_\_

Email Address: \_\_\_\_\_

Names of Children Travelling With You: \_\_\_\_\_

## Dietary Requirements\*

Vegetarian

Vegan

Pescatarian

Halal

Kosher

None

Other: \_\_\_\_\_

Special Dates or Anniversary While Staying With Us? \_\_\_\_\_

Arrival Date: \_\_\_\_\_

Estimated Time of Arrival at Lukimbi: \_\_\_\_\_

Departure Date: \_\_\_\_\_

Departure Details: \_\_\_\_\_

Travel Details: \_\_\_\_\_

Where Are You Traveling From - Name of Establishment: \_\_\_\_\_

Contact Number of Establishment: \_\_\_\_\_

Arrival Method: \_\_\_\_\_

Self Drive

Transfer

Other: \_\_\_\_\_

Transfer Details: \_\_\_\_\_

Arrival Flight Details If Arriving On A Flight: \_\_\_\_\_

Which Establishment Are You Departing To: \_\_\_\_\_

Contact Details of The Establishment: \_\_\_\_\_

Departure Details: \_\_\_\_\_

Self Drive

Transfer

Other: \_\_\_\_\_

Transfer Details: \_\_\_\_\_

Flight Departure Time And Airport If Applicable: \_\_\_\_\_

In Case of An Emergency\*

Please Provide Us Details For In Case of An Emergency: \_\_\_\_\_

Emergency Contact Number And Name: \_\_\_\_\_

Do you have Medical Aid / Travel Insurance?

Yes

No

Medical Aid Number / Travel Insurance Number: \_\_\_\_\_

Contact number for Medical Aid / Travel Insurance: \_\_\_\_\_