



Client Information Sheet

Contact Details

Full Name _____

Occupation _____ Email _____

Telephone (H) _____ (W) _____

Fax _____ Other _____

Residential Address _____

Postal Address _____

Emergency Contact Name _____ Telephone _____

Medical Information

Please rate your health: Excellent Good Fair Poor

Allergies _____

Medical Conditions _____

Medical Insurance _____

Hunting and Tour Information

Guide required

1x1

2x1

Rifle

Bow

Rifle Details

1. Calibre _____ Scope _____ Make _____ Serial No. _____

2. Calibre _____ Scope _____ Make _____ Serial No. _____

Preferred Dates

1. _____ 2. _____ 3. _____



Brian Roodt

Professional Hunter

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Hunters accompanying the hunt and tours

1. _____
2. _____
3. _____
4. _____
5. _____

Dietary restrictions

1. _____
2. _____
3. _____
4. _____
5. _____

Additional information and requests

I, the undersigned, declare that the information given here is correct and true.

Signature

Date

Place