



## BOOKING FORM

*This form must be completed by all persons travelling and returned to SKYAFRICA together with your payment/ deposit.*

### PILOTS / PASSENGER INFORMATION:

TITLE	SURNAME	FIRST NAMES	POSTAL ADDRESS	DATE OF BIRTH	PASSPORT NUMBER	EXPIRY DATE	NATIONALITY

TELEPHONE NO.	CELL PHONE NO.	FAX NO.	EMAIL ADDRESS	CREDIT CARD DINERS	CREDIT CARD AMEX	CREDIT CARD VISA	CREDIT CARD MASTER

FLYING LICENCE HELD	TOT TIME	TIME ON C-172	TIME ON C-182	TIME ON Pa 28-235	INSTRUMENT RATING	TIME ON SIMILAR TYPES	RADIO LICENCE ENGLISH

**SPECIAL REQUESTS:** eg. food requirements, accommodation, health etc.

### TOUR:

WHICH TOUR	WHEN	PREFERED AIRCRAFT	SPECIAL ACTIVITIES REQUESTED		

**PILOT/GROUP LEADERS NAME:** .....**SIGNATURE:** ..... **DATE:** .....