- Tutani **+27 (0) 73 480 0253**
- Email: tutanim@gmail.com
- **Mtambalala, A/A , P.O. Box 128, Port St Johns, 5120**

Client Information Form

Full Name .....

Mobile Phone No. .....

Email Address .....

Residential Address .....

Nationality ..... ID Number .....

Passport Number (Non Residents of SA) .....

Gender .....

Medial Aid ..... Medical Aid Number .....

Emergency Contact 1 ..... Tel Number .....

Emergency Contact 2 ..... Tel Number .....

Any pre-existing medical conditions .....

.....

Dietary Requirements ☐ Standard ☐ Vegetarian

Other .....

Other dietary requirements need to be discussed – low carb (gluten free) dietary requirements can be difficult as we do have traditional Pondo meals served at all venues.

Allergies .....

Swimming Ability good/ average/ none **require life jacket** yes / no

Rate your overall fitness level (for walking/riding):

- ☐ **unfit**
- ☐ **average**
- ☐ **good walking fitness**
- ☐ **fit**
- ☐ **ultra-fit**

** if you rate yourself unfit / average you must begin training before the hike to be considered as least good walking .

Commencement date (1st day of tour): DD/MM/YYYY
Completion date (last day of tour): DD/MM/YYYY

I undertake that the above contents are correct and take full responsibility for any errors.

…… ……

Signature Date

**Please attach a copy of your ID and medical aid card to this document.