

## KATZKE SAFARIS CLIENT INFORMATION QUESTIONNAIRE

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Each client must complete this form in full and return it to us. This will enable us to conduct the safari with your specific interests and requirements in mind.

Surname: \_\_\_\_\_ First Names: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Business) \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Nationality: \_\_\_\_\_

Passport No: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Place of Issue: \_\_\_\_\_ Nationality of Passport: \_\_\_\_\_

Whom to contact in case of emergency:

Name: \_\_\_\_\_ Relationship to client: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Have you ever hunted with Katzke Hunting Safaris before? If so please give dates of your safari with us:

\_\_\_\_\_

Do you have any observers accompanying you on your safari? If so, please state how many: \_\_\_\_\_

If you have any medical problems, physical disabilities or medical needs that you feel we should be aware of, please list them: -

\_\_\_\_\_

\_\_\_\_\_

Food requirements: Do you have any particular dietary requirements that we should be aware of? And/or any particular likes or dislikes:

\_\_\_\_\_

\_\_\_\_\_

**Firearms and Ammunition**

Make and Calibre: \_\_\_\_\_

Serial Number: \_\_\_\_\_

Make and Calibre: \_\_\_\_\_

Serial Number: \_\_\_\_\_

Make and Calibre: \_\_\_\_\_

Serial Number: \_\_\_\_\_

Make and Calibre: \_\_\_\_\_

Serial Number: \_\_\_\_\_

**Air Travel Information**

Arrival Time in JHB/CPT: \_\_\_\_\_

Airline and Flight Number: \_\_\_\_\_

First Hunting Day: \_\_\_\_\_

Last Hunting Day: \_\_\_\_\_

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

Departure Time: \_\_\_\_\_

**Trophies Desired** (in order of preference)

**Previous Safaris Experience**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Information:** Do you have any other information you feel would be of benefit to us in planning your safari:

\_\_\_\_\_  
\_\_\_\_\_

Please give full details of name, shipping address, telephone and fax of whom you want your trophies consigned to:

\_\_\_\_\_  
\_\_\_\_\_

**Alcoholic beverages** etc: Please fill in your requirements below. Every effort will be made to have your preference available.

Beer  Wine  Gin  Vodka  Rum  Cane  Whiskey

Brandy  Sherry  Please list mixes and Diet drinks you require: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please fax this form completed in full to our offices as soon as possible and well in advance to this commencement of your safari in order for us to meet your requirements.

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_