#### RESERVATIONS

#### OFFICE HOURS

|  |  |
| --- | --- |
|  CONTACT CENTRE: Monday to Friday 07:30-17:00Saturdays & Public Holidays 08:00 – 13:00Sunday: Closed |  SPECIALISED & RES FINANCE: Monday to Friday 07:30-16:00Saturday Sunday & Public Holidays ClosedCOUNTER: Monday to Friday 07:30-15:45 |

## **APPLICATION FOR THE USE OF OUR FACILITIES**

|  |  |  |
| --- | --- | --- |
| **Client code:** | **ID/Passport:**  | **Birth Date:** |
| **Surname:** | **Initials:** | **Title:** |
| **Postal address:** | **Language:** |
|  | **Citizenship:** |
|  | **Postal code:** |
| **Country:** | **E-mail Address:** |
| **Phone** | **Code** | **Number** | **Ext.** |
| Home |  |  |  |
| **Business** |  |  |  |
| Fax |  |  | **Cell:**  |
| E-mail  |  |

Clients who have not yet registered with us (e.g. a permanent client number has not been allocated to you yet), who are S.A. citizens (or persons with a permanent residential permit) – 60 years and older, please include certified photocopy of I/D document to enable us to update our client data.

#### RESERVATION REQUIRED

**Number of persons**: Adults Children Babies

 (12 years and older) (Under 12 yrs. of age at (under 2 yrs. of age at

 time of intended visit) time of intended visit)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Park/Camp | Arrive | Depart | Nights | Type of facility | Description |
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**Any other information for the attention of the reservation clerk:**

|  |
| --- |
| **Reference number:** |
|  |
|  |
| Signature: | Date: |