



## TSHIVINGWI BUSH EXPERIENCES CC

18 Stoffberg Street  
Bela Bela  
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Tel: 014 736 5646 or 014 736 3895  
Fax: 014 736 5725  
Email: [reservations@tshivingwi.co.za](mailto:reservations@tshivingwi.co.za)  
Website: [www.tshivingwi.co.za](http://www.tshivingwi.co.za)

### Reservations Enquiry Form

Thank-you for your enquiry, please complete the form below and fax it to 014 736 5725.

Guest name: \_\_\_\_\_

Tel. No: \_\_\_\_\_ Fax. No: \_\_\_\_\_

Cell No.: \_\_\_\_\_ Email: \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

#### Accommodation Requirements:

- Area of Preference? \_\_\_\_\_
- Conferencing or Leisure? \_\_\_\_\_
- Self-catering or Fully Inclusive? \_\_\_\_\_
- Transfer required (Air or Road)? \_\_\_\_\_
- Preferred Date of Arrival \_\_\_\_\_
- Preferred Date of Departure \_\_\_\_\_
- Time of Arrival? \_\_\_\_\_
- Total no. of Guests? \_\_\_\_\_
- No, of Adults? \_\_\_\_\_
- No. of Children? \_\_\_\_\_
- Ages of Children? \_\_\_\_\_
- Single or Sharing? \_\_\_\_\_

Special dietary or medical requirements? \_\_\_\_\_

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Please list the lodges that you are interested in? \_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For office use only:**

Date enquiry received: \_\_\_\_\_

Reference No: \_\_\_\_\_

Other info: \_\_\_\_\_

