



AFRICA RIDING ADVENTURES TOURS

Client Information Form

Name & Surname:

Email Address/phone number:

Mailing Address:

Where did you hear about us?

Friends Web Navigation AdmoTours website OYMAP website
Ride the World website What's up Yellow pages
Addis Guide Leaflet Where? _____ Other _____

In case of accident contact (name/relationship/Tel number/email address):

Insurance Policy details:

Treatments & Medicines taken at time of tour (Malaria, Diabetes, Epilepsy, etc):

Coming from:

Tour length:

Tour Booked:

Special Arrangements/Requirements:
