



# QUESTIONNAIRE

## Chacma Safaris

To assist us in the preparation of your safari, kindly complete this form and return it to us by e-Mail.

[info@chacmasafari.co.za](mailto:info@chacmasafari.co.za)

**NOTE: Information on this questionnaire is absolute confidential.**

### PERSONAL PARTICULARS OF INDIVIDUALS COMING ON SAFARI :

#### Hunter/Huntress:

Surname	<input type="text"/>	Full Names	<input type="text"/>
Language(s) spoken	<input type="text"/>	Passport No	<input type="text"/>
Permanent home address	<input type="text"/>		
E-mail address	<input type="text"/>		
Home Tel./ Fax #	<input type="text"/>	Occupation	<input type="text"/>
Name, Address, Tel. # of next of kin	<input type="text"/>		

### DETAILS OF FAMILY JOINING THE SAFARI :

#### Spouse/Partner

Surname	<input type="text"/>	Full names	<input type="text"/>
Business Tel/ Fax #	<input type="text"/>		
E-mail address	<input type="text"/>		

### Children/Other travelling with the hunter

Name(s)	Sex (M/F)	Date of birth	Where did you hear about us?
<input type="text"/>	<input type="text"/>	<input type="text"/>	Internet <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	Magazine <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	Word of mouth <input type="checkbox"/>

### PARTICULARS FOR SAFARI PURPOSES

#### Arrival in South Africa

##### Itinerary-International Flight:

Port of entry	<input type="text"/>	Airline	<input type="text"/>	Flight #	<input type="text"/>
Date of arrival	<input type="text"/>			Time of arrival	<input type="text"/>
Are you staying overnight at port of entry? (Y/N)	<input type="text"/>	If so, do you need accommodation? (Y/N)	<input type="text"/>		

##### Itinerary-Domestic Flight (if applicable)

Pick-up Airport:	<input type="text"/>	Flight #	<input type="text"/>
Date of arrival	<input type="text"/>	Time of arrival	<input type="text"/>

#### Departure from South Africa

Airline	<input type="text"/>	Date	<input type="text"/>	Time	<input type="text"/>
Flight #	<input type="text"/>	Port of departure	<input type="text"/>		

### HUNTING PARTICULARS

#### Desired Game in Order of Preference:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you require an air charter between hunting/shooting areas? (Y/N)

Indicate priority: I hunt for only big trophies (Y/N)

I will hunt for representative trophies (Y/N)

I would pass on shooting a representative trophy in the hope of obtaining a record book trophy (Y/N)

#### TAXIDERMIST

Dip/Pack & Shipping of Raw Trophy's (Y/N)

Taxidermy on Trophies Done in South Africa (Y/N)

Name and address of taxidermist to whom you wish to consign your trophies:

**PLEASE NOTE: When trophies are shipped raw from South Africa; Chacma Safaris do NOT accept any responsibility for any damage to skins when tanned in your country of residence, as we have no knowledge of the quality and experience of the tanner used!**

### FIREARMS

Make	Caliber	Serial number	Rounds of ammunition
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Note:** Each hunter is allowed two firearms - **NOT** of the **Same Caliber**. A minimum of .375 H & H is required by law for Buffalo, Lion, Rhino and Elephant. A maximum of 200 rounds per gun is allowed, 80 should be sufficient. Import permits issued at OR Tambo International airport upon Arrival in South Africa. We have a limited number of heavy and medium rifles and shotguns for hire.

Should you require a firearm, please indicate: Heavy  Medium  Shotgun  (gauge)

### FOOD AND BEVERAGE REQUIREMENTS

Have you any particular likes/dislikes in food (Y/N)

If so, give details of **Food you are ALLERGIC to or DISLIKE**

### PREFERRED BEVERAGES

<input type="text"/>
<input type="text"/>
<input type="text"/>

### PREFERRED FOOD (Complete Underneath)

1	<input type="text"/>
2	<input type="text"/>
3	<input type="text"/>
4	<input type="text"/>

### MEDICAL

We advise you to commence an **anti-malaria course** 14 days prior to leaving for Africa -**Please consult your Doctor.**

Do you have any **handicaps, medical problems/allergies/diabetes:** (Y/ N)

If so, explain

Will you be using any prescribed medicine whilst on safari? (Y/N)

If yes, state prescription

### IF WE HAVE PERMISSION TO TREAT YOU IN THE EVENT OF AN ACCIDENT OR ILLNESS; PLEASE SIGN HERE:

CLIENT

OBSERVER(S)