**SEMC 2025**

**TOURS / TRANSFER BOOKING REQUEST**

*Please complete details, sign and return via email to* *daytours@aecpt.co.za*

BOOKING NAME

CONTACT EMAIL

CONTACT NUMBER

HOTEL DURING SEMC 2025

**AIRPORT TRANSFERS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| PASSENGER NAME | DATE | PICK-UP | TIME | FLIGHT | DROP-OFF |
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**DAY TOURS**

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| --- | --- | --- | --- | --- | --- |
| PASSENGER NAME | DATE |  PICK LOCATION | TOUR | AM / PM / FULL DAY |  |
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**OVERLAND TOURS & PACKAGES**

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| PASSENGER NAME | DATE |  |  | PICK UP LOCATION | TOUR / PACKAGE | COMMENTS |  |
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|  |  | **PAYMENT OPTIONS** |  |  |  |  |  |
|  |  | *(To Secure Booking)* |  |  |
|  | Paygenius (Visa/ Mastercard) |  |  |  |  |
|  | EFT / International Bank Transfer |  |  |  |  |
|  | Paypal |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  | *By completing this booking request, I accept the standard Terms & Conditions of African Eagle Tours: https://www.daytours.co.za/en/terms-conditions* |  |  |  |

 ***Full Name Signature Date***