



## REGISTRATION FORM

PLEASE COMPLETE IN FULL AND MAIL OR FAX YOUR DEPOSIT SLIP AND REGISTRATION FORM TO: SURE MAKRO TRAVEL (PTY) LTD, P.O. BOX 472, STRUBENSVALLEY, 1735
Tel: (011) 475-7900 / Fax: 086 683 8158 / E-Mail: <a href="mailto:yvette@makrotravel.co.za">yvette@makrotravel.co.za</a>

SURNAME:					TITLE: Mr/Mrs/Miss	
FULL NAMES: (AS PER PASSPORT)						
NAME CALLED BY:		_				
GENDER (MALE / FEMA	ALE):		PROFESSION:			
IDENTITY NUMBER:			PASSPORT NU	MBER:		
DATE OF BIRTH:			DATE OF ISSU	E: [		
MARITAL STATUS: MARRIED/SINGLE/DIVOR	RCED		EXPIRY DATE:	Mus	st be valid till	31 DECEMBER 2015
SPOUSE SURNAME:				- 1		
		YOU WANT TO SHARE WIT YOU WANT TO HAVE A SI				
POSTAL ADDRESS:						
				РО	STAL CODE:	
TEL NO (H):	)		TEL NO (W):	( )		
FAX NUMBER: (	)		CELL NO:			
E-MAIL ADDRESS:						
HOUSE DOCTOR NAM	1E & TEL:					
CHURCH DENOMIN CHRISTIAN ORGAN						DATE OF DEPARTURE 18 MAY 2015
GATEWAY NEWS REGISTRATION: YES OR NO?				TC	OUR REFERENCE	E NUMBER: Y17
DETAILS OF PAYMEN PLEASE NOTE: In the guardian/husband in hi	/ ACC NO. IT (BANK TR case of mino s represental	<mark>4060 988</mark> 513 / BANI RANSFERS ONLY!) PLEAS	SE FAX TO YVE mmunity of proportions and accordance in the contract of the con	TTE 086 perty this cepted t	<b>5 683 8158</b> s application mi he "Notice to Pa	ust be signed by father/lega articipants" and tour
DATE:		SIGNATURE:				

IMPORTANT: The tour price is based on airfares and tariffs for land arrangements and hotels as well as International rates of exchange available at the time of preparation of the tour programme. The tour price is subject to any alteration in the above tour members will be informed of such changes, if any.