**A close-up of a logo

Description automatically generatedDiagram

Description automatically generated Booking Form**

**South Africa Dream Cruise**

**Botswana, Namibia, Zimbabwe**

**(Cape Town to Victoria Falls)**

**Sept 6 - 20, 2025**

## Passport Details (attach copy of passport photo page with booking form)

|  |  |  |
| --- | --- | --- |
| Legal Name on Passport: | | |
| Other Names: | Title: |  |
| Date of Birth: | | |
| Passport No: | Nationality: |  |
| Passport Date of Issue: | Expiry Date: |  |

Other Details

|  |  |  |
| --- | --- | --- |
| Address: Post Code: | |  |
| City: State: | Country: |  |
| Daytime Tel No: Evening Tel No: | |  |
| Mobile: Email: | |  |
| Next of Kin (in case of emergency) Name: | | |
| Relationship: | | |
| Address: | | |
| Mobile Tel: | | |

World Exposures – S Africa Dream Cruise – Botswana, Namibia, Zimbabwe - 2025

$11,395.00 per person/double (Pay with check OR transfer OR +5% credit card fee)

Sorry – no single supplement pricing available. Private Boat – 8 cabins only – 1st come 1st served.

Non-refundable Deposit $2,000 - Reserve by Jan 3, 2024!

2nd Payment $2,000 due March 1, 2024

3rd Payment $3,00 due March 1, 2025

Final Payment $4,395 due June 1, 2025

Based on 12 passengers/6 cabins minimum. High Season - Limited availability – book by Jan 10, 2024

­­­­­­­­Paid Date:\_\_\_\_\_\_\_\_\_

Mobility/health concerns/special needs\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies/dietary restrictions\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Payment: $

Card Details:

**Master Card Visa American Express**

**Card number: Exp Date: CVV Number: Card Holder’s Name:**

**Authorize this amount: USD**

**Signature Declaration:**



Date received ……………….

Booking ID: ……………

## I declare that I am over 18 years of age, have read/understood and I will abide by the Booking Conditions laid down by World Exposures and CroisiEurope.

Signature: ………………………………. Date: …………………………

Sign this document and scan to [sue@worldexposures.com](mailto:sue@worldexposures.com) Or deliver to:

Susan Sheats

World Exposures

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