



KIKUYU LODGE GAME RESERVE

CLIENT INFORMATION SHEET

Personal Information:

Name: _____
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone - Day: _____ E-mail _____
Fax Number: _____
Passport No: (s) _____

Flight Information:

Arrival time and date: _____
Departure time and date: _____

Medical Conditions:

Do you have any medical conditions that could affect your hunt? If so what?

Food Preferences (Dietary Needs)

Firearms

Firearm: _____ Cal: _____ Ammo: _____
Firearm: _____ Cal: _____ Ammo: _____

Additional animals/optional tours wanted:

****Please attach a copy of your itinerary and return as soon as possible in the envelope provided**