## TIWAIISLAND WILDLIFE SANCTUARY

## **Booking form**

	Guest information	
Full name	(Last)	(First)
Email address		
Phone number	Nationality	
Arrival date	Departure date	
Number of nights	Arriving from	
Tour company		
	Leave blank if travelling without tour company	
	Additional information	
Special requireme	nts (food, allergies etc.)	]

## **Food options**

Breakfast	Lunch	Dinner
Additional guests If you have more than 4 gue accommodated.	sts, please notify us in advar	nce so your guests can be appropriately
Number of guests:		
Number of tents:		
Guest names and national	itv	

Please add more rows if needed.

	Name	Nationality
Guest no. 1		
Guest no. 2		
Guest no. 3		
Guest no. 4		

Please email this form to <u>info@efasl.org</u> or <u>info@tiwaiisland.org</u>. We will respond to your booking request as soon as possible. Thank you!