

KAROO RANCHING

BOOKING FORM

Kindly email back to:

info@karooranching.co.za

I am attending	Please Tick
1. An Annual Event	
2. Private Group	

EVENT	Tick
KAROO RANCHING Annual First Frontier Film Festival	
KAROO RANCHING Annual Cattle Drive & Branding Week	
KAROO RANCHING Annual Ranch Relaxation Retreat	
KAROO RANCHING Natural Horsemanship Essentials	
KAROO RANCHING Annual Horse Safari	

Date Arriving	
Date Departing	
No. of Adults	
No. of Children	
Name & Surname of Adults	
Name & Surname of Children	

Person Responsible for Account	
Name & Surname	
ID NO / Passport No	
Cell Phone	
Email Address	
Details for Invoicing: <ul style="list-style-type: none">• Addressed To?• Physical Address?• VAT NO?• TAX NO?	

Person 1:

Personal Details	
Name & Surname	
Cell No	
Email	
ID No	
Passport Number	
Medical Aid Details <ul style="list-style-type: none"> • Scheme • Member No • Contact Person • 24 Hour Contact Number 	
Previous Horse Experience: (Tick if you have done the below) <ul style="list-style-type: none"> • Patting of Equine • Cleaning of Equine • Grooming of Equine • Leading of Equine • Saddling of Equine • Riding of Equine • Roping • Barrel Racing • Provincial / National Colours 	
Special Needs	
Allergies	

Person 2:

Personal Details	
Name & Surname	
Cell No	
Email	
ID No	
Passport Number	
Medical Aid Details <ul style="list-style-type: none"> • Scheme • Member No • Contact Person • 24 Hour Contact Number 	
Previous Horse Experience: (Tick if you have done the below) <ul style="list-style-type: none"> • Patting of Equine • Cleaning of Equine • Grooming of Equine • Leading of Equine • Saddling of Equine • Riding of Equine • Roping • Barrel Racing • Provincial / National Colours 	
Special Needs	
Allergies	

Person 3:

Personal Details	
Name & Surname	
Cell No	
Email	
ID No	
Passport Number	
Medical Aid Details <ul style="list-style-type: none"> • Scheme • Member No • Contact Person • 24 Hour Contact Number 	
Previous Horse Experience: (Tick if you have done the below) <ul style="list-style-type: none"> • Patting of Equine • Cleaning of Equine • Grooming of Equine • Leading of Equine • Saddling of Equine • Riding of Equine • Roping • Barrel Racing • Provincial / National Colours 	
Special Needs	
Allergies	

Person 4:

Personal Details	
Name & Surname	
Cell No	
Email	
ID No	
Passport Number	
Medical Aid Details <ul style="list-style-type: none"> • Scheme • Member No • Contact Person • 24 Hour Contact Number 	
Previous Horse Experience: (Tick if you have done the below) <ul style="list-style-type: none"> • Patting of Equine • Cleaning of Equine • Grooming of Equine • Leading of Equine • Saddling of Equine • Riding of Equine • Roping • Barrel Racing • Provincial / National Colours 	
Special Needs	
Allergies	

Person 5:

Personal Details	
Name & Surname	
Cell No	
Email	
ID No	
Passport Number	
Medical Aid Details	
<ul style="list-style-type: none"> • Scheme • Member No • Contact Person • 24 Hour Contact Number 	
Previous Horse Experience: (Tick if you have done the below)	
<ul style="list-style-type: none"> • Patting of Equine • Cleaning of Equine • Grooming of Equine • Leading of Equine • Saddling of Equine • Riding of Equine • Roping • Barrel Racing • Provincial / National Colours 	
Special Needs	
Allergies	

Person 6:

Personal Details	
Name & Surname	
Cell No	
Email	
ID No	
Passport Number	
Medical Aid Details	
<ul style="list-style-type: none"> • Scheme • Member No • Contact Person • 24 Hour Contact Number 	
Previous Horse Experience: (Tick if you have done the below)	
<ul style="list-style-type: none"> • Patting of Equine • Cleaning of Equine • Grooming of Equine • Leading of Equine • Saddling of Equine • Riding of Equine • Roping • Barrel Racing • Provincial / National Colours 	
Special Needs	
Allergies	

Person 7:

Personal Details	
Name & Surname	
Cell No	
Email	
ID No	
Passport Number	
Medical Aid Details <ul style="list-style-type: none"> • Scheme • Member No • Contact Person • 24 Hour Contact Number 	
Previous Horse Experience: (Tick if you have done the below) <ul style="list-style-type: none"> • Patting of Equine • Cleaning of Equine • Grooming of Equine • Leading of Equine • Saddling of Equine • Riding of Equine • Roping • Barrel Racing • Provincial / National Colours 	
Special Needs	
Allergies	

Person 8:

Personal Details	
Name & Surname	
Cell No	
Email	
ID No	
Passport Number	
Medical Aid Details <ul style="list-style-type: none"> • Scheme • Member No • Contact Person • 24 Hour Contact Number 	
Previous Horse Experience: (Tick if you have done the below) <ul style="list-style-type: none"> • Patting of Equine • Cleaning of Equine • Grooming of Equine • Leading of Equine • Saddling of Equine • Riding of Equine • Roping • Barrel Racing • Provincial / National Colours 	
Special Needs	
Allergies	

Person 9:

Personal Details	
Name & Surname	
Cell No	
Email	
ID No	
Passport Number	
Medical Aid Details <ul style="list-style-type: none"> • Scheme • Member No • Contact Person • 24 Hour Contact Number 	
Previous Horse Experience: (Tick if you have done the below) <ul style="list-style-type: none"> • Patting of Equine • Cleaning of Equine • Grooming of Equine • Leading of Equine • Saddling of Equine • Riding of Equine • Roping • Barrel Racing • Provincial / National Colours 	
Special Needs	
Allergies	

Person 10:

Personal Details	
Name & Surname	
Cell No	
Email	
ID No	
Passport Number	
Medical Aid Details <ul style="list-style-type: none"> • Scheme • Member No • Contact Person • 24 Hour Contact Number 	
Previous Horse Experience: (Tick if you have done the below) <ul style="list-style-type: none"> • Patting of Equine • Cleaning of Equine • Grooming of Equine • Leading of Equine • Saddling of Equine • Riding of Equine • Roping • Barrel Racing • Provincial / National Colours 	
Special Needs	
Allergies	

