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Motorcycle Rental Form

Please fill out the form below to receive a detailed rental quotation.

Name*

First: _____ Middle: _____ Last*: _____

Email Address*

Mobile Number (With Country Code)*: _____

Home Number (With Country Code): _____

Office Number (With Country Code): _____

Address:

State / Province / Region: _____ Postal / Zip Code: _____

Country / Region*: _____ Nationality: _____

Passport Number or SA ID number?: _____

Which motorcycle would you like to rent and how many of each (quantity)?

***Minimum order of 3 in total**

Option 1

BMW F700 GS Qty: _____

Option 2

BMW F800 GS Qty: _____

Option 3

BMW R1200 GS Qty: _____

What date and time would you like to collect your motorcycle/s

Collection Date (DD/MM/YYYY)*: _____

Collection Time *: _____

What date and time would you like to return you motorcycle/s?

Return Date (DD/MM/YYYY)*: _____

Return Time *: _____

Please select which accessories you would like to rent?

Helmet

Yes Qty: _____

Jacket

Yes Qty: _____

GPS

Yes Qty: _____

Side Panniers Set

Yes Qty: _____

Tank Bag

Yes Qty: _____

Do you have a valid motorcycle License?*

Yes

No

How did you hear about Wild Hogs - African Motorcycle Adventures?

Google / Search engine

Facebook

From a friend

Other

Comments:

I Agree To Wild Hogs - AMCA Tours Terms & Conditions:

Yes

No

Signed: _____

Date: _____