

ZOO ADVENTURES



BOOKING FORM FOR WINTER 2019

Child's Details

Child's Name 1: _____ Age: _____

Child's Name 2: _____ Age: _____

Child's Name 3: _____ Age: _____

Child's Name 4: _____ Age: _____

Dietary & Medical Requirements

Anaphylaxis Medication Required

Anaphylaxis Medication Required

Anaphylaxis Medication Required

Anaphylaxis Medication Required

Additional Information Please specify (eg: dietary, medical, behavioural considerations):

Parent or Guardian's Details (emergency contact):

Name: _____ Relationship to child/children: _____

Home Address : _____

Suburb : _____ Post Code: _____

Home Phone: _____ Work: _____ Mobile: _____

Email (required for booking confirmation): _____

Please select the days you wish your child to attend:

	Activity 8:30-3:30pm	Zoo Friends*	Standard Rate
Week 1			
<input type="checkbox"/> Tuesday 9 July	Wiradjuri Learning Day	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Wednesday 10 July	Winter Garden Wonderland	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Thursday 11 July	An Eggstraordinary Day	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Friday 12 July	Riveting Reptiles and Marvellous Mammals	<input type="checkbox"/>	<input type="checkbox"/>
Week 2			
<input type="checkbox"/> Tuesday 16 July	Winter Garden Wonderland	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Wednesday 17 July	Riveting Reptiles and Marvellous Mammals	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Thursday 18 July	Wiradjuri Learning Day	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Friday 19 July	An Eggstraordinary Day	<input type="checkbox"/>	<input type="checkbox"/>

*Zoo Friends must send a copy of current membership in child's name when booking to obtain a discount. Booking will not be confirmed until copy has been received.

Please email completed form to twpzeducation@zoo.nsw.gov.au

Receipt and booking confirmation will be emailed once processed.



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Terms & Conditions

Please read carefully and sign if you understand and agree with the following

- Children must be between the ages of 5-12 years old.
- Zoo Adventurers are to bring their own lunch and snacks. Morning tea provided.
- Animal experiences are subject to change without notification.
- There will be no refunds for cancellations, although credits may be given where applicable.

Permissions

1. I give permission for my child/children to partake in all activities that are offered on the days that are attended by my child/children.
2. I understand that my child will be transported to hospital by ambulance and/or medical advice will be sought by a doctor at the program coordinator's discretion.
3. I give permission for my child/children to be photographed/videoed while participating in the program. I understand that pictures may be used to promote Zoo Adventures in the future.
4. I give permission for Zoo Adventures staff to supply sunscreen and supervise its application.
5. I understand that Zoo Adventures has a nut free policy. However Taronga Western Plains Zoo is not a nut free zone.
6. I (Name of Parent/Guardian) _____ grant permission for the above statement and have read, and agree to terms and conditions outlined.

Signature: _____ Date: ____ / ____ / ____

For office use only

Payment

Please note due to security reasons we are no longer able to accept credit card details via email. Please call **02 6881 1433** to finalise payment. Please note positions in Zoo Adventures are not secured until payment has been made in full and you have received a booking confirmation from Taronga Western Plains Zoo Education Centre.

Zoo Adventures

Number of days: _____ Quantity: _____ Zoo Friends Amount Payable: \$ _____

Payment processed by

Staff Name: _____ Date: ____ / ____ / ____ Payment Option: Cheque Credit Visa Mastercard

