

# ZOO ADVENTURES

## BOOKING FORM SUMMER 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* \$30	Standard Rate \$35	Extended Care 3:30-5pm \$15
<b>Week 1</b>				
<input type="checkbox"/> Tuesday 15th January	Wild Water Gardens and Plants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Wednesday 16th January	Wiradjuri Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Thursday 17th January	Water Waste Recycling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Friday 18th January	Backyard Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Week 2</b>				
<input type="checkbox"/> Tuesday 22nd January	Wild Water Gardens and Plants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Wednesday 23rd January	Wiradjuri Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Thursday 24th January	Water Waste Recycling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Friday 25th January	Backyard Water	<input type="checkbox"/>	<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 [wpzedcentre@zoo.nsw.gov.au](mailto:wpzedcentre@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