Keeper for a Day - Adult Booking Form 2019

uest C	Details:		
Name:		Age:	
Name:		Age:	
Addition	onal information (e.g. Allergies, medical or mobi	lity concerns):	
Guest C	Contact Number:		
(Requir	red in the instance our staff need to contact the	guest prior to arrival)	
ooker	r Details:		
First Na	ame:	Last Name:	
Mobile:	1		
Email (required to receive a booking confirmation):		
_	ency Contact:		
	ame:		
Mobile:	Secondary Nu	ımber:	
[]	Aboriginal or Torres Strait Islander		
	Standard Booking – Please nominate 3 d (Program dates are available to view on our		
	Date Preference 1:		
[]	Date Preference 2:		
	Date Preference 3:		
[[]	Gift Certificate - Valid for 12 months from	n date of issue.	
	: : D per person ditional Adults @ \$272 per person)		Amount Payable: \$:

Application Continued – Please turn page over.

Terms and Conditions of Booking:

I understand, agree and accept that in participating in the Keeper For a Day Program I comply with the following:

- I understand the Keeper for a Day program requires a moderate level of fitness and good mobility;
- I may be entering an environment housing animals which involves a degree of unpredictability and therefore risk of serious injury occurring;
- My participation is at my own risk and without any liability attached to the Taronga Conservation Society Australia, including any injury to my person or damage to my property;
- I will advise my Keeper Host on the day if I have any cold or flu-like symptoms that may affect the health and wellbeing of the zoo animals.
- I will take direction from my Keeper Host regarding photographs and video taken on any device, and understand that some photos may be restricted from social media platforms.

Name & Signature 1:	Date:	

Name & Signature 2: ______ Date: _____

I have read and understood the conditions outlined above:

Please email this booking form to: **keeperforaday@zoo.nsw.gov.au**

This is not an automated process and forms can take up to a week to be processed.

Payment Details – booking cannot be processed without this section complete

[__] MasterCard [__] Visa [__] AMEX

Card Number: _____ ___ ___ ___ Expiry Date: _______

CCV Number (3 digits on back of card): _______