Keeper for a Day - Adult Booking Form 2019



Guest Details:

	[] 				
Additio		s, medical or mobility concerns):					
Guest C	Contact Number:						
(Requir	ed in the instance our staff ne	eed to contact the guest prior to arr	ival)				
ooker	Details:						
First Na	ıme:	Last Na	me:				
Mobile:	[]						
Email (r	required to receive a booking co	onfirmation):					
[[]]	Aboriginal or Torres Stra	it Islander					
	Standard Booking – Please nominate 3 dates below (Program dates are available to view on our website) Date Preference 1: []						
[1]	Date Preference 2:						
	Date Preference 3:						
[1]	Gift Certificate – Valid for 12 months from date of issue.						
Qty: \$340	: []) per person	Qty: : [] \$272 per person *Book a date for August 2019	Amount Payable: \$: 9 to • •				

receive a 20% discount

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.

I have read and understood the conditions outlined above:

Name & Signature 1:	Date: []
Name & Signature 2:	Date:	. 1

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:]] [] []
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CCV Number (3 digits on back of card):

Expiry Date: