

ZOO ADVENTURES-LIL KEEPERZ

OCTOBER HOLIDAYS -SPRING BOOKING FORM 2018

1. Child's Details

Child's Name: _____ Age: _____ School: _____

Child 2: _____ Age: _____ School: _____

Child 3: _____ Age: _____ School: _____

Child 4: _____ Age: _____ School: _____

Any additional information (e.g. Dietary, Medical, Behavioural Considerations):

Click or tap here to enter text.

Why We Ask: This information is kept confidential and is only used by our staff to assist us in planning the best possible day for your child/ren.

2. Has your child attended Zoo Adventures before? Yes No

3. Emergency Contact Details

Name: _____ Relationship: _____

Home Address: _____ Suburb: _____ Post Code: _____

Home Phone: _____ Work: _____ Mobile: _____

Email (required to receive a booking confirmation): _____

4. Select Your Dates

(If you have multiple children attending on different days, please advise which child is attending next to the date)

SPRING(OCTOBER) HOLIDAYS 2018 WEEK1	SPRING(OCTOBER) HOLIDAYS 2018 WEEK2
Tuesday 2 nd October 2018- Recycling Badge	Monday 8 th October 2018- Water Badge
Wednesday 3 rd October 2018- Horticulture Badge	Tuesday 10 th July 2018- Horticulture Badge
Thursday 4 th October 2018- Water Badge	Wednesday 11 th July 2018 Wiradjuri Dreaming Badge
Friday 5 th October 2018- Wiradjuri Dreaming Badge	Thursday 12 th July 2018 Recycling Badge

Please tick box where applicable

New Adventurer TWPZ Staff Member

Items	Quantity	Amount Payable
Zoo Adventures days @ \$35 per day (8.30am - 3.30pm)		\$
Total Payable (prices are GST inclusive)		\$

Please note this is not automated form and will take time to process.

ZOO ADVENTURES-LIL KEEPERZ T-SHIRT/SASH

If your child has not attended Zoo Adventures before **you are required to wear a t-shirt or sash for safety reasons and this must be worn on whilst we are exploring the Zoo**

Terms and Conditions

- 🐾 Children **must be between the ages of 5 – 12 years old.**
- 🐾 Zoo Adventurers are to bring their own lunch and snacks.
- 🐾 Animal experiences are subject to change without notification.
- 🐾 There will be no refunds for cancellations, although credit may be given where applicable.
- 🐾 Children **must** wear a Zoo Adventures t-shirt or vest during their visit. This makes your children easily identifiable in the busy environment.

Permissions

I give permission for my child/ren to partake in all activities that are offered on the days that are attended by my child/ren.

Signature: _____

Date: _____ / _____ / _____

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. **[SIGNATURE MANDATORY for participation in program]**

Signature: [Click or tap here to enter text.](#)

Date: _____ / _____ / _____

I give permission for my child/ren to be photographed/ videoed while participating in the program. I understand that pictures may be used to promote Zoo Adventures in the future.

Signature: _____

Date: _____ / _____ / _____

I give permission for my child/ren to view PG movies at staff discretion

Signature: _____

Date: _____ / _____ / _____

I give permission for Zoo Adventures staff to supply sunscreen and supervise its application.

Signature: _____

Date: _____ / _____ / _____

I understand that if my child does not have a HAT they may not be able to participate in outdoor activities. **[SIGNATURE MANDATORY for participation in program]**

Signature: _____

Date: _____ / _____ / _____

I understand that if my child does not wear their SAFETY Zoo Adventure T-Shirt or Vest, they may not be allowed out in the Zoo. **[SIGNATURE MANDATORY for participation in program]**

Signature: _____

Date: _____ / _____ / _____

Zoo Adventures has a nut free policy, however please be aware that Taronga Zoo is not a nut free zone.

When complete please e-mail this booking form and signature page back to twpzeducation@zoo.nsw.gov.au

Payment Details - bookings cannot be processed without this section completed:

Card Type: Visa Mastercard American Express

Card Number: _____ Expiry Date: _____ / _____

CCV Number (3 digits on back of card): _____ Cardholders Name: _____

Please note this section will be destroyed once processed