



Zoo Academy Booking Form



DETAILS

Name of person taking part: (please use block capitals) _____

Address: _____

Date of Birth: _____

Name of someone we can contact in case of emergency: _____ Telephone No: _____

To the best of your knowledge, is the person taking part fit and healthy? Yes No

If "No", please give details: _____

Please provide details of any allergies or medical conditions we may need to be aware of: _____

Please provide details of any special needs we may need to be aware of: _____

DATES

All from 9:00am to 4:30pm daily

Mon 29th Oct – Fri 2nd Nov:  Mon Tue Wed Thu Fri No. of days: _____

Mon 18th – Fri 22nd February: Mon Tue Wed Thu Fri No. of days: _____

Mon 1st – Fri 5th April: Mon Tue Wed Thu Fri No. of days: _____

Mon 8th – Fri 12th April: Mon Tue Wed Thu Fri No. of days: _____

Mon 8th – Fri 12th April: Mon Tue Wed Thu Fri No. of days: _____

£30 per day (20% off bookings of 5 consecutive days) Total Cost £ _____

PAYMENT

Please make cheques payable to **Flamingo Land Ltd** and allow 7-10 working days for processing

I wish to pay via: (tick box) Cheque / Visa Mastercard Delta Maestro

Credit Card No:

Valid From: / Expiry Date: / Issue No: Security Code:

Name: (as shown on card) _____

Cardholder's Address: (if different from above) _____

HEALTH & SAFETY

All farm and zoo animals naturally carry a range of diseases, some of which can also affect humans. These diseases are known as zoonoses and during your work with animals your health may be at risk from them. Although some of these diseases are not common in Great Britain, good hygiene practices will protect against them. Remember, do cover all cuts

and grazes and wash your hands and arms before eating, drinking or smoking after contacting animals, or working in enclosures. Please ensure you use all PPE (Personal Protective Equipment) provided by the keeping staff e.g. gloves etc, and practice good personal hygiene. Flamingo Land will not accept responsibility for any person disregarding health & safety guidelines or neglecting to follow safe working practice instruction by its trained keeping staff whilst in the boundaries of the zoo.

Whilst I am a guest of Flamingo Land Limited I agree to abide by the conditions and safe working practices of the keeping department and in the event I contravene these conditions I will not hold Flamingo Land Limited nor its directors, employees or agents responsible for any loss or injury sustained by or to me during my visit.

Parent or guardian's signature: _____ Date: _____

Please send your completed form to: **Zoo Booking Office, Flamingo Land Resort, Kirby Misperton, Malton, North Yorkshire YO17 6UX**