



DETAILS

Please complete in BLOCK CAPITALS

Name of participant(s): _____ Date of birth: _____

_____ Date of birth: _____

Name of someone we can contact on the day in case of emergencies: _____ Telephone no: _____

Minimum age is 8 years old and children under 12 **must** be accompanied by a paying adult.

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: _____

Please give your 3 preferred dates: 1 _____ 2 _____ 3 _____

(Please allow a minimum of three weeks for your visit to be arranged.)

Name of person making the booking: _____

Confirmation to be sent via: Email Post Please give details below

Address / email address: _____

Mobile number: _____

Please indicate if this is a surprise gift: Yes No

PAYMENT

If paying by cheque, please make payable to **Flamingo Land Ltd** and allow 7-10 working days for processing

Total Cost (@ £20 per person): £ _____

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

Credit Card No:

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

Name: (as shown on card) _____

Cardholder's Address: _____

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 Ltd 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 Ltd nor its Directors, employees or agents responsible for any loss or injury sustained by or to me during my visit.

Participant(s) signature(s): _____ Date _____

Accompanying adult signature: (if applicable) _____ Date _____

PLEASE RETURN YOUR COMPLETED FORM TO:

Zoo Booking Office, Flamingo Land, Kirby Misperton,
Malton, North Yorkshire, YO17 6UX