



LEMUR ENCOUNTER



Booking Form

(Please complete in block capitals)

Details

Name of person taking part: _____

Address: _____

Date of Birth: _____

Name of someone we can contact on the day in case of emergency: _____ Telephone number: _____

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

Name of accompanying adult: (if applicable) _____

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: _____

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

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

Name & address of person making the booking: _____

Telephone number: _____

Please indicate if this is a surprise gift: Yes No

Payment (£20 per person)

Total Cost £ _____ Payment Method: Credit/Debit Card* Cheque

(Please make cheques payable to "Flamingo Land Limited" and allow 7-10 working days for processing)

Name and address of Cardholder: (If different to above) _____

Card Number: _____

Start Date: _____ Expiry Date: _____ Issue No. (if applicable) _____ Security No. (on reverse) _____

*Visa Electron and American Express cards not accepted.

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.

Person 1: Signature _____ Date: _____

Person 2: (if applicable) Signature _____ Date: _____

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