



Details

Name of person taking part:	
Address:	
	Date of Birth:
Name of someone we can contact on the day in case of emergencies:	Telephone number:
Minimum age is 8 years old and children under 12 must be accompanied by payir	ng adult.
Name of person who will accompany (if applicable)	
To the best of your knowledge is the person taking part fit and hea	ılthy? Yes No
If "No", please give details	
Please provide details of any allergies or medical conditions we may need to be aw	are 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 (£10 per person)	(D)
Total Cost £ Payment Method: Credit/Debit Card*	(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 appli	
*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 against them. Remember, do cover all cuts and grazes and wash your hands and arms bef in enclosures. Please ensure you use all PPE (Personal Protective Equipment) provided by the	ore eating, drinking or smoking after contacting animals, or working
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.	
Person 1: Signature	Date
Person 2 (if applicable): Signature	Date