

Please tick this box if you would like to be added to our mailing list:



Age of Child:

Zoo Club

Name of person taking part: _____ Date of birth: _____

Address: _____ Postcode: _____

Emergency contact name: _____ Telephone No: _____

Any allergies or medical conditions: _____

Lunch Options – Ham or Cheese Sandwich: _____

Name & address of person making the booking: _____

Telephone No: _____ Email address: _____

		Please tick which days you would like to book at £30 per day.				
	Date	Mon	Tues	Wed	Thurs	Fri
February Zoo Club	20.02.17 – 24.02.17					
Easter Zoo Club	10.04.17 – 14.04.17					
Easter Zoo Club	17.04.17 – 21.04.17					
May Zoo Club	29.05.17 – 02.06.17					
Summer Zoo Club	24.07.17 – 28.07.17					
Summer Zoo Club	31.07.17 – 04.08.17					
Summer Zoo Club	07.08.17 – 11.08.17					
Summer Zoo Club	14.08.17 – 18.08.17					
Summer Zoo Club	21.08.17 – 25.08.17					
October Zoo Club	23.10.17 – 27.10.17					

Health and Safety

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. Kirkley Hall Zoological Gardens 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 Kirkley Hall Zoological Gardens 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 Kirkley Hall Zoological Garden nor its Directors, employees or agents responsible for any loss or injury sustained by or to me during my visit. Kirkley Hall Zoological Gardens will not take responsibility for any damage caused to clothing or any other possessions, please ensure you wear suitable clothing and do not bring any unnecessary valuables.

Parent/guardian signature: _____ Date: _____

Payment

Total cost - £ _____ Payment Method: Credit/Debit Card Cheque

(Please make cheques payable to "Kirkley Hall Limited")

Name and address of card holder: _____

Card Number: _____ Start Date: _____ Expiry Date: _____

Issue No. (if applicable) _____ Security No: (on the back) _____

Please send your completed form to: Kirkley Hall Zoological Gardens, Kirkley Hall, Ponteland, Northumberland, NE20 0AQ