



Zoo Camp Registration Form/Tax Invoice for Deposit

Contact Details

Primary Contact: _____

Email Address: _____

Name of School/Organisation: _____

Postal Address: _____ Post Code: _____

Phone: _____ Mobile Phone: _____

Zoo Camp is for Years 4 and up.

Number of Students: _____ Year Level: _____

Number of Teachers/Leaders: _____ Number of Parents: _____

Please nominate one member of the supervisory team to be responsible for first aid

Given Name: _____ Family Name: _____

Cost: Students \$82.00 (GST inclusive); Teachers, Leaders & Adults \$11.00 (GST inclusive)
(Subject to change) A ratio of 1 adult: 5 students required.**Duration:** 4:30 pm on the day of your camp until 9am the next morning.*** Groups are welcome to stay and explore the Zoo on the day following their camp
- this is included in the Zoo Camp fee paid on your arrival.****Dates:** Monday to Friday excluding school holidays.

Please write your preferred Zoo Camp date below*

Date of First Preference	Date of Second Preference	Date of Third Preference

** Perth Zoo reserves the right to reschedule your booking or modify the program to work with operational needs.* Tick here to receive information about upcoming Zoo Discovery and Learning activities via email.**How did you find out about Zoo Camp? (Please tick ✓)** Email Perth Zoo website Word of mouth Repeat customer Other _____**Principal Confirmation**

I understand the \$500 deposit is non-refundable. I have read and agree to comply with the Zoo Camp Excursion Management Plan and Zoo Camp: Guidelines for Teachers and Adult Helpers.

School Principal: _____ Signature: _____

School: _____ Date: _____

Payment of DepositA **non-refundable \$500 deposit** is required to secure your booking for each camp. Once your registration form and deposit have been received, a booking confirmation letter will be emailed to you.

The Zoo will invoice your school the final balance following the Camp. Please bring a purchase order for the final numbers on the day of the Camp to enable an invoice to be issued.

Type of Payment (please tick) Mastercard VISA AMEX DINERS

Total amount payable \$ _____

Please make cheques payable to Perth Zoo.

Credit Card Details

Cardholder's name: _____

Card number

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Expiry Date: ____ / ____

Signature: _____

Tax Invoice

This document becomes a tax invoice for GST upon completion and payment. Please photocopy and retain for your records.

Signature for tax invoice purposes:

_____ Date: _____

Please forward completed registration to:Discoveryandlearning@perthzoo.wa.gov.au

OFFICE USE ONLY		
Receipt No.	Date	Amount
Booking No.	Deposit Inv No.	Zoo Camp Inv No.