



# 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 \$110.00 (GST inclusive); Teachers, Leaders & Adults \$40.00 (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 Deposit**A **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. ABN: 12 249 686 526

Signature for tax invoice purposes:

\_\_\_\_\_ Date: \_\_\_\_\_

**Please forward completed registration to:**  
[Discoveryandlearning@perthzoo.wa.gov.au](mailto:Discoveryandlearning@perthzoo.wa.gov.au)

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