Zoo Camp Registration Form/Tax Invoice for Deposit

GOVERNMENT OF WESTERN AUSTRALIA

Perth Zoo SAVING WILDLIFE

Contact Details

Name of Classroom Teacher: _____

Email Address: _____

Name of School: _____

School Postal Address: _____ Post Code: _____

Phone (School): _____ Mobile Phone: _____

Zoo Camp is suitable for Yr 4–8 students. Minimum: 20 students Maximum: 32 students.

Number of Students: _____ Year Level: _____

In addition to Zoo staff, there must be at least 1 teacher/parent to every 5 students.
(A minimum of two supervising staff MUST be teaching staff from the school)

Number of Teachers: _____ Number of Parents: _____

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

Given Name: _____ Family Name: _____

Cost: Students $82.00 (GST inclusive); Teachers/Adults $11.00 (GST inclusive)
(Subject to change)
A ratio of 1 adult: 5 students is required (minimum of 4 adults, maximum of 7 adults)

Duration: Groups may enter the Zoo from 4:30 pm on the day of camp and are welcome to stay and explore the Zoo on the day following their camp.

Dates: Monday to Friday from September – March 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 ✓)
☐ Brochure ☐ 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: _____

Reviewed August 2017

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)

☐ Cheque ☐ Mastercard ☐ VISA ☐ AMEX ☐ DINERS

Total amount payable $ _____

Please make cheques payable to Perth Zoo.

Credit Card Details

Cardholder's name: _____
Card number

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: Perth Zoo, PO Box 489, South Perth WA 6951 (ABN: 12 249 686 526)

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