

GIFT PACK BOOKING FORM

Please select gift pack(s) required:

Animal experience for two £125

Includes an animal experience for two participants, suitable for ages 8+ (giraffe) or 10+ (penguin or lemur).

Experience gift pack £120

Includes an animal experience and a bronze adoption, suitable for ages 8+ (giraffe) or 10+ (penguin or lemur).

Junior gift pack £165

Includes a Junior Keeper for a Day experience, a cub adoption and a child membership. This is suitable for ages 8-15 only.

Adult gift pack £165

Includes an animal experience, a bronze adoption and an adult membership. This is suitable for ages 16+ only.

Please complete booking details for your selected gift pack(s) on the following pages and the Purchaser details.

ANIMAL EXPERIENCE FOR TWO

PARTICIPANT DETAILS

Name: _____

Address: _____

Town: _____

County: _____

Postcode: _____

Telephone: _____

Email: _____

D.O.B: _____ Age: _____

Member: Yes No Member number: _____

Name: _____

Address: _____

Town: _____

County: _____

Postcode: _____

Telephone: _____

Email: _____

D.O.B: _____ Age: _____

Member: Yes No Member number: _____

EXPERIENCE DETAILS

Please select animal experience:

Giraffe

Lemur

Penguin

Giraffe experiences are suitable for ages 8+. Availability is Saturdays and Sundays at 9.30am.

Lemur experiences are suitable for ages 10+. Availability is daily at 2.30pm

Penguin experiences are suitable for ages 10+. Availability is every day except Tuesdays and Thursdays at 2.15pm.

Preferred date: ____ / ____ / ____

Alternative date 1: ___ / ___ / ___

Alternative date 2: ___ / ___ / ___

Is this a gift: Yes No

If yes, what is the occasion: _____

EXPERIENCE GIFT PACK

PARTICIPANT/ADOPTER DETAILS

Name: _____

Address: _____

Town: _____

County: _____

Postcode: _____

Telephone: _____

Email: _____

D.O.B: _____ Age: _____

Member: Yes No Member number: _____

Is this a gift: Yes No

If yes, what is the occasion: _____

EXPERIENCE DETAILS

Please select animal experience:

Giraffe

Lemur

Penguin

Giraffe experiences are suitable for ages 8+. Availability is Saturdays and Sundays at 9.30am.

Lemur experiences are suitable for ages 10+. Availability is daily at 2.30pm

Penguin experiences are suitable for ages 10+. Availability is every day except Tuesdays and Thursdays at 2.15pm.

Preferred date: ____ / ____ / ____

Alternative date 1: ____ / ____ / ____

Alternative date 2: ____ / ____ / ____

ADOPTION DETAILS

Is the adoption a renewal: Yes No

Adoption pack collection: At the zoo Sent by post (£3.95 applies)

If post selected, send to: Adopter Purchaser

Send renewal letter to: Adopter Purchaser

Please choose which animal you would like to adopt from the list below:

- | | | |
|---|--|---|
| <input type="checkbox"/> Asian elephant | <input type="checkbox"/> Gentoo penguin | <input type="checkbox"/> Rothschild's giraffe |
| <input type="checkbox"/> Barbary lion | <input type="checkbox"/> Western lowland gorilla | <input type="checkbox"/> Chimpanzee |
| <input type="checkbox"/> Linne's two toed sloth | <input type="checkbox"/> Red panda | <input type="checkbox"/> Meerkat |

Your adoption entitles you to two free admissions. Please select adult/child tickets:

Adult: _____

Child: _____

JUNIOR GIFT PACK

PARTICIPANT / ADOPTER / MEMBER DETAILS

Name: _____

Address: _____

Town: _____

County: _____

Postcode: _____

Telephone: _____

Email: _____

D.O.B: _____ Age: _____

Member: Yes No Member number: _____

Is this a gift: Yes No

If yes, what is the occasion: _____

JUNIOR KEEPER FOR A DAY DETAILS

Preferred date: ____ / ____ / ____

Alternative date 1: ____ / ____ / ____ Alternative date 2: ____ / ____ / ____

PARENT/GUARDIAN DETAILS

Name: _____

Address: _____

Town: _____

County: _____

Postcode: _____

Telephone: _____

Email: _____

Is this the individual who will be attending with the Junior: Yes No

If no, what is the name of the accompanying adult: _____

What is their relationship to the Junior: _____

Contact telephone number: _____

Please include emergency contact details if they are different from above:

Name: _____

Address: _____

Town: _____

Telephone: _____

MEDICAL INFORMATION

Please complete the medical questionnaire on behalf of the participant honestly and accurately. The Zoo Manager will review any declared medical information prior to confirmation of booking. Incorrect or withheld information may result in cancellation of your experience. Every effort will be made to accommodate those with a disability, medical condition, mobility requirement, allergy, phobia or other condition but due to practicality and health and safety reasons this may not always be possible. Please contact Belfast Zoo for advice prior to booking.

Under the Disability Discrimination Act 1995, a person is considered disabled if he or she has a physical or mental impairment which has a substantial and long term adverse affect on their ability to carry out normal day-to-day activities. Is the

Junior participant disabled: Yes No

If YES, please provide details of the nature of the disability below: _____

Do they take any medication on a regular basis: Yes No

If YES, please provide details: _____

Do they have any of the following conditions that could hinder any physical activity?

| | |
|--|----------|
| Any respiratory problems (i.e. asthma) | Yes / No |
| Any psychological problem and/or mental impairment (e.g. phobias, panic attacks) | Yes / No |
| Any hearing problems | Yes / No |
| Any neurological conditions (i.e. vertigo, epilepsy) | Yes / No |
| Any bone, muscle or joint problems (i.e. arthritis) | Yes / No |
| Any walking or mobility issues | Yes / No |
| Any skin diseases or conditions that require medical treatment | Yes / No |

Any allergies Yes / No

Any blood or metabolic diseases (i.e. anaemia, diabetes) Yes / No

Any conditions relating to your heart or circulation Yes / No

If YES to any of the above, please provide details: _____

Please detail any other relevant information that will be useful for zoo staff to be aware of e.g. phobias, child's dislikes etc.: _____

ADOPTION DETAILS

Is the adoption a renewal: Yes No

Adoption pack collection: At the zoo Sent by post (£3.95 applies)

If post selected, send to: Adopter Purchaser

Send renewal letter to: Adopter Purchaser

Please choose which animal you would like to adopt from the list below:

- | | | |
|---|--|---|
| <input type="checkbox"/> Asian elephant | <input type="checkbox"/> Gentoo penguin | <input type="checkbox"/> Rothschild's giraffe |
| <input type="checkbox"/> Barbary lion | <input type="checkbox"/> Western lowland gorilla | <input type="checkbox"/> Chimpanzee |
| <input type="checkbox"/> Linne's two toed sloth | <input type="checkbox"/> Red panda | <input type="checkbox"/> Meerkat |

Your adoption entitles you to one free child admission.

ADULT GIFT PACK

PARTICIPANT / ADOPTER / MEMBER DETAILS

Name: _____

Address: _____

Town: _____

County: _____

Postcode: _____

Telephone: _____

Email: _____

D.O.B: _____ Age: _____

Clothing size: S M L XL XXL

Member: Yes No Member number: _____

Is this a gift: Yes No

If yes, what is the occasion: _____

KEEPER FOR A DAY DETAILS

Preferred date: ____ / ____ / ____

Alternative date 1: ____ / ____ / ____ Alternative date 2: ____ / ____ / ____

EMERGENCY CONTACT DETAILS

Name: _____

Address: _____

Town: _____

County: _____

Postcode: _____

Telephone: _____

Email: _____

MEDICAL INFORMATION

Please complete the medical questionnaire on behalf of the participant honestly and accurately. The Zoo Manager will review any declared medical information prior to confirmation of booking. Incorrect or withheld information may result in cancellation of your experience. Every effort will be made to accommodate those with a disability, medical condition, mobility requirement, allergy, phobia or other condition but due to practicality and health and safety reasons this may not always be possible. Please contact Belfast Zoo for advice prior to booking.

Under the Disability Discrimination Act 1995, a person is considered disabled if he or she has a physical or mental impairment which has a substantial and long term adverse affect on their ability to carry out normal day-to-day activities. Is the

participant disabled: Yes No

If YES, please provide details of the nature of the disability below: _____

Do they take any medication on a regular basis: Yes No

If YES, please provide details: _____

Do they have any of the following conditions that could hinder any physical activity?

| | |
|--|----------|
| Any respiratory problems (i.e. asthma) | Yes / No |
| Any psychological problem and/or mental impairment (e.g. phobias, panic attacks) | Yes / No |
| Any hearing problems | Yes / No |
| Any neurological conditions (i.e. vertigo, epilepsy) | Yes / No |
| Any bone, muscle or joint problems (i.e. arthritis) | Yes / No |
| Any walking or mobility issues | Yes / No |
| Any skin diseases or conditions that require medical treatment | Yes / No |
| Any allergies | Yes / No |
| Any blood or metabolic diseases (i.e. anaemia, diabetes) | Yes / No |
| Any conditions relating to your heart or circulation | Yes / No |

If YES to any of the above, please provide details: _____

Please detail any other relevant information that will be useful for zoo staff to be aware of e.g. phobias, dislikes etc.: _____

ADOPTION DETAILS

- Is the adoption a renewal: Yes No
- Adoption pack collection: At the zoo Sent by post (£3.95 applies)
- If post selected, send to: Adopter Purchaser
- Send renewal letter to: Adopter Purchaser

Please choose which animal you would like to adopt from the list below:

- | | | |
|---|--|---|
| <input type="checkbox"/> Asian elephant | <input type="checkbox"/> Gentoo penguin | <input type="checkbox"/> Rothschild's giraffe |
| <input type="checkbox"/> Barbary lion | <input type="checkbox"/> Western lowland gorilla | <input type="checkbox"/> Chimpanzee |
| <input type="checkbox"/> Linne's two toed sloth | <input type="checkbox"/> Red panda | <input type="checkbox"/> Meerkat |

Your adoption entitles you to two free admissions. Please select adult/child tickets:

Adult: _____ Child: _____

PURCHASER DETAILS

Name: _____

Address: _____

Town: _____

County: _____

Postcode: _____

Telephone: _____

Email: _____

I have read the relevant terms and conditions associated with experiences, Keeper for a Day, membership and adoptions:

Signature: _____

Date: _____

Data protection: Information is processed in accordance with the General Data Protection Regulation (2018). We will not disclose your information to a third party except where it is necessary for us to comply with the law and provide this service. From time to time we may want to send you other information about the zoo. Under law we must have your permission to send you any relevant information on the zoo. Full details of our Privacy Policy can be found at www.belfastzoo.co.uk/privacy. **Belfast Zoo may wish to contact you with news, offers, education programmes and events, competitions or promotions by email. Please tick the box to confirm that you would like to be contacted by email. You can opt out any time.**

**YOUR BOOKING IS NOT CONFIRMED UNTIL YOU MAKE PAYMENT AND
RECEIVE A 'BOOKING CONFIRMATION' EMAIL FROM BELFAST ZOO.**