

South Lakes Wild Animal Park SCHOOL GROUP VISIT FORM

Please note this form only applies to school groups attending the park weekdays during term time.

Name of School / Group:

.....

Contact Name &

Address:.....

.....Postcode:.....

E-Mail:

(For confirmation):.....

Telephone number Fax:.....

Date of visit:Arrival Time

No. Children		No. Adults					
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Notes:

Payment amount :

invoiced	cash	cheque	Receipt given
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A responsible adult must supervise all parties at all times at a ratio of one adult per every 5 children; under no circumstances should any child or group of children be left unsupervised.

Failure to comply with this request could result in the party being asked to leave the premises. All signs must be read and strictly adhered to. The party leader confirms that they will be responsible for insuring all of the above, the above is complied with and that this has been explained, by a member of zoo staff.

I acknowledge receipt of the health and safety guidelines however accept that these in no way are to be treated as exclusive in that all other guidance in the park must be complied with.

SignedPrint Name:.....
Teacher or group leader

SignedPrint Name:.....
For South Lakes Wild Animal Park