

Junior Keeper

experience

registration form

Please complete this form before contacting us to book.

Children details

Name of child / children attending

Age (as at programme date)

Date attending

_____	_____	_____
_____	_____	_____
_____	_____	_____

Adult contact details

Name _____ Mobile _____

Email (for confirmation of booking) _____

Postal Address (for posting photos) _____

Emergency contact details

Name _____ Relationship _____

Work phone _____ Home phone _____ Mobile _____

Other important details

Medical and diagnosed conditions (e.g. asthma, diabetes etc) _____

Allergies (including medications) _____

Behavioural issues (e.g. ADHD) _____

Medication required _____

Do you think that your child requires an adult helper/buddy to participate in this programme? Yes No

Additional information

Please tick and sign to confirm you have read and understand Auckland Zoo's Junior Keeper Experience terms and conditions

Yes, I have read the terms and conditions

Name _____ Signed _____

Mail to: Auckland Zoo, Experience Products, Private Bag, Grey Lynn 1245
Or email to: experiences@aucklandzoo.co.nz

Auckland
ZOO