

**Group Booking Form**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date of Visit:\* |  | | | Time of Arrival: |  | |
| Name of Organiser: | |  | | | | | | |
| Name of Group: | |  | | | | | | |
| Address: | |  | | | | | | |
|  | | | | Postcode: | |  |
| e-mail address: | |  | | | | | | |
| Contact Number: | |  | | | | | | |
| Where did you hear about us? | | |  | | | | | |

**Payment Methods:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Payment on the day |  | Credit/Debit Card |  | Cheque (enclosed) |  | Invoice |  |
| Email address for invoice if different from above: | | | |  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **ADMISSION** | | | |
|  | Price per person | Qty | Total (£) |
| Children *(Aged 3-15)* | £13.95 |  |  |
| Adults *(Aged 16+)* | £16.95 |  |  |
| 30 Minute Guided Tour (Max 30 People) | £35.00 *per tour* |  |  |
| 1 Hour Guided Tour (Max 30 People) | £50.00 *per tour* |  |  |
| Conservation Talk (Max 30 People, 30minutes) | £40 *per talk* |  |  |
| Enrichment Workshop (Max 15 People, 30 Minutes) | £40 *per session* |  |  |
| Treetop Challenge *(Minimum height 1.2m, maximum weight 18 stone)* | £3.50 |  |  |
| Animal Adventure Challenge *(Maximum height 1.2m)* | £1.50 |  |  |
| **Total Cost:** | | |  |

\* We may contact you if your first choice is unavailable.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Signed:** |  | **Print Name:** |  | **Date:** |  |

Please return booking forms via:

**Email:** [zoer@aspinallfoundation.org](mailto:zoer@aspinallfoundation.org) **Tel:** 01303 264647 **Fax:** 01303 264944

**Post:** Groups Coordinator, Port Lympne Reserve, Lympne, Hythe, Kent CT21 4PD

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**Group Payment Form**

|  |  |
| --- | --- |
| I enclosed a cheque *(please make payable to The Howletts Wild Animal Trust)* |  |
| Please charge my credit / debit card |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **School Name** |  | | |
|  |  |  |  |
| **Card Number:** |  | **Start Date:** |  |
| **Security Number:** |  | **Expiry Date:** |  |
| **Cardholder Name:** |  | **Signature:** |  |

**Email:** [zoer@aspinallfoundation.org](mailto:zoer@aspinallfoundation.org) **Tel:** 01303 264647 **Fax:** 01303 264944

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