

**SCHOOL BOOKING FORM**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of Visit: |  | | Time of Arrival: |  | | Time of Departure: | | |  |
| Name of Organiser: | |  | | | | | | | |
| Name of School: | |  | | | | | | | |
| Address: | |  | | | | | | | |
|  | | | Postcode: | |  |
| E-mail Address: | |  | | | | | | | |
| Contact Number: | |  | | | | | | | |
| Where did you hear about us? | |  | | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Will you be purchasing lunch onsite? | Yes |  | No |  | Maybe |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Will you be visiting the Gift Shop? | Yes |  | No |  | See below to pre-order your goody bags |

**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 | Age | Total (£) |
| School Children (Aged 3-15) | £9.00 |  |  |  |
| Students (Aged 16+) | £10.00 |  |  |  |
| Free Teachers/Supervisors | *1* ***FREE*** *for every 7 students inc. safari if booked\** |  |  |  |
| Additional Teachers/Supervisors | £9.00 |  |  |  |
| Safari Trip  *(Total number* ***paying*** *to go on safari\*\*)* | £3.00 |  |  |  |
| Talks and Workshops\*\* | Costs Vary |  |  |  |
| Goody Bags | £2.50 / £3 / £5 |  |  |  |
| **Total Cost:** | | | |  |

\* One teacher/supervisor per seven children (excludes children holding passports) is free. Leaders **must** supervise children at all times.

\*\* Please see form below for information on educational talks and workshops offered and how to book your session.

**I accept responsibility for the children in my party and ensure they will be supervised at all times.**

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

Please return booking forms via:

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

**Post:** School Bookings, Port Lympne Hotel & Reserve, Lympne, Hythe, Kent CT21 4PD



**TALKS AND WORKSHOPS**

Add to your school visit by booking an additional educational session by one of our Rangers. Choose your topic below. If you would like a talk on a topic not listed below, please call 01303 264647 to discuss your requirements.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Price:** | **QTY** | **Total (£)** |
| Conservation Talk  *(30 minutes, max 30 pupils)* | £40.00 |  |  |
| Habitats & Adaptations Talk  *(30 minutes, max 30 pupils)* | £40.00 |  |  |
| Hungry Hunters Tour  *(45 minutes, max 30 pupils)* | £45.00 |  |  |
| Monkey Mayhem Tour  *(45 minutes, max 30 pupils)* | £45.00 |  |  |
| Adaptations Workshop  *(45 minutes, max 15 pupils)* | £45.00 |  |  |
| Leisure & Tourism Talk  *(30 minutes, max 30 pupils)* | £40.00 |  |  |

Please note, talks and workshops are available from Tuesday to Friday during term time only and are subject to availability.

So we can plan your session appropriately, please can you advise us of any behavioural or physical needs, allergies or anything else you feel is relevant:

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FOR OFFICE USE ONLY:** | | | | |
| **Session** | Date: |  | Time: |  |
|  | Location: |  |  |  |

Please return booking forms via:

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

**Post:** School Bookings, Port Lympne Hotel & Reserve, Lympne, Hythe, Kent CT21 4PD



**SCHOOL 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

**Post:** School Bookings, Port Lympne Hotel & Reserve, Lympne, Hythe, Kent CT21 4PD