



Debbie Dolittle's



School Petting Zoo Booking Form

SCHOOL INFORMATION

SCHOOL NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

BOOKING DATE - ___/___/___

BOOKING TIMES – Time: _____ am/pm

STUDENTS - Number of students attending petting zoo _____ of which will be split into groups of _____ students.

AGE OF CHILDREN – From _____ to _____ years old

SERVICE CONTRACT

All reasonable care will be given in watching our pets. However, due to the unpredictability of children, we do not accept responsibility or liability for any mishaps of any extraordinary or unusual nature.

ACCEPT [X] _____ *Initial*

I have reviewed this service contract and understand the contents of this form.

SIGNATURE: _____

DATE: _____/_____/_____

PRINT NAME: _____

ADDRESS: _____