YOU HAVE A

PORCUPINE & SKUNK ENCOUNTER

BOOKED AT NOAH'S ARK ZOO FARM!

We hope you are excited to meet our porcupines and skunks!
To ensure everything runs smoothly, please follow the steps below:

PRE-ARRIVAL CHECKLIST

- ○ I HAVE ENTRY TO THE ZOO (DAY ENTRY NOT INCLUDED)
- ○ I HAVE READ THE TERMS AND CONDITIONS
- ○ I HAVE READ AND SIGNED THE AGREEMENT FORM
- ○ MY AGREEMENT FORM IS READY TO GIVE TO THE KEEPER

ON THE DAY OF VISIT

1. ARRIVE AT THE TICKET OFFICE FOR 9:55AM
2. MEET THE KEEPER
   The Keeper will meet you when the Encounter is due to start. Please hand your signed agreement to the Keeper.
3. YOUR ENCOUNTER WILL NOW BEGIN
   Enjoy!

We look forward to meeting you when you join us to take part in this exciting Encounter. In the meantime, if we can offer you any further assistance, please do not hesitate to contact us by phone or email.

Kind regards,
NOAH'S ARK ZOO FARM

Tel: 01275 852606 **Email:** info@noahsarkzoofarm.co.uk
Registered Charity Number: 1200719 **VAT Reg no:** 456097076
Address: Clevedon Road, Wraxall, Bristol, United Kingdom, BS48 1PG

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ENCOUNTER AGREEMENT FORM

All Encounters have been designed to provide the most hands on, personal and safe experience possible. However, zoo animals can be unpredictable and therefore, for yours, ours, and the animals' safety; all instructions given by the staff must be adhered to.

- Never enter marked safety areas unless instructed.
- Always listen carefully to instructions and safety talks given by staff.
- Always pay attention.
- Always wash your hands before and after your Encounter.

Please inform us of any allergies:

For your safety, please follow the instructions above and all instructions given by the Keeper at all times. Failure to do so could result in termination of the Encounter.

PLEASE COMPLETE

Which Encounter(s) are you participating in? Please tick.									
Porcupine & Skunk		Capybara		Meerkat		Bear		Giant Tortoise	

Participant ONE Name		Age	
Signature			
Participant TWO Name *If applicable*		Age	
Signature			
Participant THREE Name *If applicable*		Age	
Signature			
Participant FOUR Name *If applicable*		Age	
Signature			

◯ I/We have read and accepted the terms and conditions (please tick)

Date: _____ / _____ / _____

Please hand the completed form to the Keeper at the start of your Encounter.

NAZF Keeper signature: _____