

ZOOLOGICAL SOCIETY OF MANITOBA - BIRTHDAY PARTY BOOKING FORM

Birthday Child's Name: _____ (Male ___ Female ___) Age: ____ Date of Birth: _____	
Address: _____ City: _____ Province: _____ Postal Code: _____	
Parent or Guardian's Name: _____ Home Ph: _____ Work/Cell Ph: _____	
Membership #: _____ (Required for member rate)	Membership Expiry Date: _____
Email address: _____ (Confirmation will be sent by email when available)	

PARTY PROGRAMS:

- Wild Winter Party - \$15.00 per child
 Super Cool Summer Party - \$20.00 per child

AVAILABLE TIME SLOTS:

- September through April: 10:00 am 1:00 pm other: _____
- May to Sept long weekend: 10:00 am 1:00 pm other: _____

PARTY DATE	START TIME	NUMBER OF KIDS	NUMBER OF ADULTS

Amount Owing _____ **Deposit Amount:** _____ **Balance Amount:** _____
Method of Payment: _____ Cheque (Payable to Zoo Education Centre) _____ Cash _____ Debit Card
 _____ Visa _____ MC Account Number: _____ Expiry Date: _____ Signature: _____

REFUNDS AND CANCELLATIONS:

- **All prices are subject to 6% GST.**
- **25% deposit is required to hold a booking.**
- **Deposits will be refunded if cancellation is received 7 days prior to booking.**
- **Balance must be paid on day of booking.**



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