



LINTON ZOO CONSERVATION PARK
 Cambridgeshire's Wildlife Breeding Centre
 Hadstock Road, Linton, Cambridgeshire, CB21 4NT
 Tel: 01223 891308
 Email: lintonzoo@hotmail.co.uk www.lintonzoo.com

SEASON TICKET APPLICATION FORM

UNLIMITED ADMISSION - FOR 1 YEAR FROM START DATE

You can visit as many times as you wish, during normal opening times, for a year
 (November through to Easter we are open weekends and school holidays only).

You will also receive periodical newsletters keeping you informed of births, new arrivals and other exciting zoo developments and special events.

DATE YOU WISH TO START YOUR UNLIMITED VISITS FROM _____

Please tick category required:

INDIVIDUAL TICKETS

1 ADULT £35 _____ 1 CHILD (age 2-13) £25 _____ 1 SENIOR (age 65+) £30 _____

JOINT DISCOUNT TICKETS

2 ADULTS £65 _____ 2 SENIORS £55 _____ FAMILY TICKET £100 _____
 (purchased together and living at the same address) 1 adults and 3 children (2-13 years)
 or 2 adults and 2 children (2-13 years)

Please enter names of each ticket holder

NAME
 NAME
 NAME
 NAME
 NAME
 NAME

*Delete as appropriate

ADULT/OAP/CHILD*
 ADULT/OAP/CHILD*
 ADULT/OAP/CHILD*
 ADULT/OAP/CHILD*
 ADULT/OAP/CHILD*
 ADULT/OAP/CHILD*

Date of birth of children

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TICKET HOLDERS CONTACT DETAILS	
Address:	
Telephone:	
Email:	

BUYERS DETAILS IF DIFFERENT	
Address:	
Telephone:	
Email:	

YOUR TICKETS WILL BE READY FOR COLLECTION ON YOUR NEXT VISIT

BUYING AS A GIFT? A gift voucher can be provided if you are buying this as a gift,
 please tick if you would like the voucher sent directly to the ticket holders _____ or to the buyer _____

Important: By providing your details you are agreeing to receive exciting news updates, publications and information about activities at the zoo. We will not share your information with any third parties.

Please tick how we may contact you: Telephone Email Post Text Please do not contact me

If paying by cheque please make cheques payable to "LINTON ZOO CONSERVATION PARK"

Cheques cannot be accepted for same day admission.

Signed: _____ Dated: _____

FOR OFFICE USE ONLY	Staff Member initial _____	Date of Purchase _____
Payment Method: Cash _____	Card _____	Cheque _____ Total _____