

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).

DATE YOU WISH	TO START YOUR UNLIM	ITE	D VISITS F	FROM			
INDIVIDUAL TICKETS Prices correct as of 01.11.19							
1 ADULT £35	1 CHILD (age 2-13) £25 1 SENIOR (age 65+) £30						
JOINT DISCOUNT TICKE	TS						
					AMILY TICKET £100		
(purchased together and liv	ing at the same address)					(2-13 years)	
		· D				n (2-13 years)	
			*Delete as appropriate Date of birth of children				
			ADULT/OAP/CHILD*				
			DULT/OAP/CHILD*				
NAME		OULT/OAP/CHILD*					
NAME AD			DULT/OAP/CHILD*				
NAME	A	ADU	LT/OAP/CHI	LD*			
TICKET HOLDERS CONTACT DETAILS			BUYERS DETAILS IF DIFFERENT				
Mailing name:			Name:				
Address:			Address:				
Telephone:			Telephone:				
Email:			Email:				
YOUR TICKETS W	ILL BE READY FOR C	OL	LECTION	ON YO	UR NE	XT VISIT	
BUYING AS A GIFT? A gift vouc	her can be provided if you ar	e bu	lying this as a	a gift,			
please tick if you would like	ke the voucher sent directly to	o th	e ticket holde	ers c	or to the b	ouyer	
Important: By providing your	details you are agreeing to reco	eive	exciting news	updates, pu	ıblications .	and information	
	will not share your information						
Please tick how you would like	e to receive zoo news: Email		Post Pe	ease do not	send me z	roo publications	
If paving by cheque.	please make cheques payab	le to	"LINTON 70	O CONSFI	RVATION	PARK"	
	ques cannot be accepted						
Signed:			Dated:				
FOR OFFICE USE ONLY Staff name Date of Purchase			kets made date _			Checked by	
Payment Method: Cash Card Cheque Total			de by	Code: _		Code	