



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 RENEWAL 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 _____

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 _____
(purchased together and living at the same address)

FAMILY TICKET £100 _____
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 Childs date of birth
ADULT/OAP/CHILD*
ADULT/OAP/CHILD*
ADULT/OAP/CHILD*
ADULT/OAP/CHILD*
ADULT/OAP/CHILD*
ADULT/OAP/CHILD*

Old numbers

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 _____		