



Butterfly Park & Insect Kingdom



BUTTERFLY PARK & INSECT KINGDOM ORDER FORM (EDUCATION PROGRAMME)

Name of School: _____

Address: _____

Contact Person: _____

Designation: _____

Contact number: _____ Fax: _____

Email Address: _____

For enquiry to call us:

Contact: 62750013

Visit: www.jungle.com.sg

Description	UNIT PRICE	NO OF PAX	TOTAL (\$)
Learning Journey Program			
Student *1 hour Guided Tour based on 40 students : 1 guide ratio *Door Gift for all students	\$7.00nett		
Teacher	FREE *Ratio of 10:1		
Additional Teacher/Parent/Others (with guided tour)	\$9.00nett		
Ticket Only			
Student	\$6.00nett		
Teacher	FREE *Ratio of 10:1		
Additional Teacher/Parent/Others (without guided Tour)	\$8.00nett		
Sentosa Entrance Fee	\$2.00 per person		
F&B Set* (Slice of Hawaiian Pizza and Milo)	\$5.00nett		
Optional Add-ons			
Butterfly Bookmark Making	\$5.00 each		
Madame Tussauds & Singapore Live - Adult	\$21.00 each		
Madame Tussauds & Singapore Live - Child	\$12.00 each		
TOTAL	--		

Preferred Date & Time of Visit (please specify): _____

Mode of Payment: Cash / Cheque / Credit Card (Additional 4% charge) / IFAAS (please specify): _____

(Cheque made payable to Butterfly Park & Tours Pte Ltd)

Terms & Conditions:

1. Pre-booking is required & all bookings are subjected to availability. Excludes public holidays, festive seasons & special events.
2. Kindly send this booking form at least 2 weeks before the date of visit.
3. No refund will be made upon delivery of the programme.
4. *10:1 ratio refers to 10 paying students to one teacher.
5. *All F&B Sets are served in a big box instead of individual packets.
6. An invoice will be issued on the day of visit based on actual headcount, no changes are allowed after receiving the signed copy of invoice for payment.
7. All prices are inclusive of 7% GST.
8. All dates, quotations, benefits and privileges are **valid till 31st December 2018** and subjected to change without prior notice.

Please sign to confirm, email to butterflyparksentosa@gmail.com or fax it to **62755350**.

Requested By: _____

Name / Authorised Signature

School's Stamp / Date