Advanced Ticket Request Form

PLEASE SUBMIT RESERVATION FORM AT LEAST 2 WEEKS IN ADVANCE.
PAYERMNT DUE AT TIME OF REQUEST.

Name of Group/Organization: ____________________________________________

Address: ______________________________________________________________________

City/State/Zip: ______________________________________________________________________

Contact Person: ________________________________________________________________

E-mail: ______________________________________________________________________

Phone Number: ________________________________________________________________

DATE OF ZOO VISIT ______________________________ (If known)

GROUP SIZE

Number of children (3-11 years) ________

Number of adults (12+ years) ________

DO NOT INCLUDE ZOO MEMBERS IN YOUR COUNT

ATTRACTIONS

Please indicate if you would like to purchase any attraction tickets:

Train 1 way ~ $2 per person ________

Train Round Trip ~ $4 per person ________

Carousel ~ $2 per person ________

Traveling BUGS exhibit (March 15-Sept 2) ~ $5 per person ________

PAYMENT DETAILS

Credit Card Number: ______________________________ Expiration: _______/_______

Security Code (on back of card): ________ Name on card: _______________________

Billing Address: _________________ City/State: ___________________ Zip: _________

Discounts are offered on a sliding scale based on the number of paid guests 3 years of age and older. There is a minimum requirement of 25 paid guests and payment MUST BE RECEIVED PRIOR TO VISIT DATE to receive a discount.