



Advanced Ticket Sales Form 2016-17

Date: _____
Company: _____
Contact: _____
Address: _____
City: _____ State: _____ Zip Code: _____
E-Mail: _____
Phone: _____ Fax: _____

Tickets (Groups 25 or more)

Adults (14 yrs & up) _____ @ \$18.95 each = \$ _____
Children (3 to 13 yrs) _____ @ \$10.95 each = \$ _____

Total Amount Due: \$ _____

Payment Information:

Credit Card #: _____ Exp. Date: _____
Name on Credit Card: _____

Pick Up/Delivery information (please allow 5 processing days):

Tickets may be picked up Mon. – Fri., 9:00 am to 3:30 pm at:
455 North Galvin Parkway
Phoenix, AZ 85008
Phone: 602-914-4333
Fax: 602.914.4328

or

Certified Mail (fees apply): \$ _____
Up to 249 tickets - \$5 shipping and handling
250 tickets and above - \$10 shipping and handling

Total Amount Due with postage: \$ _____

The Phoenix Zoo reserves the right of approval on all usage of its name and/or logo(s).
If you have any further questions please call the Reservations Dept at 602-914-4333.