



2018-2019 Supervisory Care Organization
Reservation Form

Seven days prior to your visit please complete all information and return via fax to
602.914.4328 or e-mail teamcallcenter@phoenixzoo.org

Date of visit: _____

Full Name of Organization: _____

Full Name of Parent Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip code: _____

Main Phone #: _____ Fax: _____

Contact Name: _____

Contact E-mail: _____

Number of children (3-13 years old): _____ @ \$8.00

Number of adults (14+ years old): _____ @ \$10.00

Select the lines below to reserve the following activities (\$1.50 per person per experience):

___ Safari Cruiser Tours*

___ Stingray Bay*

*subject to availability

***** A CONFIRMATION WIL BE SENT TO YOU FOLLOWING THIS SUBMISSION*****

___ Please initial here as an understanding that visitors will need to be supervised at all
times while on Zoo grounds.

_____ Contact Cell Phone #

8/31/2018

