



**2020-2021 Supervisory Care Organization
Reservation Form**

Seven days prior to your walking visit please complete all information and return via e-mail to 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

___ Safari Cruiser Tours* (\$2.00 per person) *subject to availability

***** A CONFIRMATION WILL BE SENT TO YOU FOLLOWING THIS SUBMISSION***
Payment must be received in advance of your visit.**

An individual admission ticket will be issued for everyone in your group. Tickets can be sent to the main contact via certified mail (for an additional fee) or can be picked up at the Zoo's Reception Window on the day of your visit.

How would you like to receive your tickets? _____ Please send via certified mail (\$5 for up to 249 tickets; \$10 for 250+ tickets)
_____ I will pick them up at Reception on the day of our visit

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

_____ Contact Cell Phone #

11/11/2020

