

## 2022-2023 Supervisory Care Organization Reservation Form

2 weeks' notice is required prior to your visit. Please complete all information and return via e-mail to <a href="mailto:reservations@phoenixzoo.org">reservations@phoenixzoo.org</a>.

Date of visit:				
Full Name of Organization:				
Full Name of Parent Organization	on:			
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	l):@	\$10.00		
*Safari Cruiser can accommodate up to wheelchair (individuals that can be tran Reserving a time for your tour(s) must be	o 40 individuals and one wheeld sferred by a supervisor onto the oe done day of at the Zoo's reco	Wheelchair Spaces Needed chair per tour. Groups of 40 or more and <i>require</i> more than one Cruiser do not apply) need prior approval to accommodate eption window or Cruiser Station.  TO YOU FOLLOWING THIS SUBMISSION***		
	veryone in your group. Tickets o	can be picked up at the Zoo's reception window or at the Nina	a Mason	
Please initial here as an grounds.	n understanding that visito	ors will need to be supervised at all times while on	Zoo	
Day of Contact Name	Pay of Contact NameDay of Contact Cell Phone #			

