

FIELD TRIP RESERVATION FORM

Racine Zoo
200 Goold Street Racine, WI 53402
Education Department Phone: 262-636-9580 Fax: 262-636-9307
www.racinezoo.org education@racinezoo.org

Date of Arrival: _____ Time of arrival: _____ Departure time from Zoo: _____

Name of School/Organization: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____

Contact Phone Number: _____ ext: _____ Fax Number: _____

Contact Email Address: _____

Number of students and age: _____

Number of Chaperones (including teachers): _____

Will you be eating lunch at the Zoo? Yes No

**bagged lunches are permitted and picnic tables are located throughout the Zoo

Are there any special needs or concerns we should know about your group?

Will you be letting your students enter the Gift Shop? Yes No

Will you be letting your students ride the Zoo Choo Express? Yes No (\$2.00/person weather permitting)

Are you interested in receiving our E-Newsletter? Yes No

Are you interested in more information about our Education Programs? Yes No

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OFFICE USE ONLY

Final Count Due: _____

of Students _____ X \$2.00/student Total: _____

of FREE Chaperones _____ 1/8 students Total: FREE

of Extra Chaperones _____ X \$2.00/Chaperone Total: _____

Total # of People _____ Total Cost: _____

Pay ADMISSIONS _____

Pay EDUCATION _____

Final numbers taken by admissions _____

Total Amount Received: _____

Reservation Taken By: _____ Date: _____