



# 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](http://www.racinezoo.org)      education@racinezoo.org

Office use only:

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: \_\_\_\_\_

Group Description (age/number): 2 & Younger: \_\_\_\_\_ Child: \_\_\_\_\_

Adult: \_\_\_\_\_ Senior: \_\_\_\_\_

Will you be eating lunch at the Zoo? Yes No

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

\*\*Are you interested in our boxed lunches- available for pre-order from Max and Jenny's Jungle Grill? \_\_\_\_\_

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

Will you be letting your students enter the Gift Shop? \_\_\_\_\_

Would you like to purchase tickets for the Zoo Choo Express? Yes No

If yes, how many tickets? \_\_\_\_\_ (\$3.00/person weather permitting)

Are you interested in more information about our Education Programs? \_\_\_\_\_

## CED USE ONLY

Final Count Due: \_\_\_\_\_

# of Students \_\_\_\_\_ X \$ \_\_\_\_\_/student      Total: \$ \_\_\_\_\_

# of FREE Chaperones \_\_\_\_\_ 1/8 students      Total: FREE

# of Extra Chaperones \_\_\_\_\_ X \$ \_\_\_\_\_/Chaperone      Total: \$ \_\_\_\_\_

Extras: \_\_\_\_\_      Total: \$ \_\_\_\_\_

**Total # of People** \_\_\_\_\_ **Total Cost: \$** \_\_\_\_\_

Invoice Sent: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Field Trip Rates</b>
November-March: \$2.00
April- October: \$4.00
<b>Education Program Rates</b>
Year Round: \$7.00

Pay ADMISSIONS \_\_\_\_\_

Pay EDUCATION \_\_\_\_\_

Program Time: \_\_\_\_\_

Program location: \_\_\_\_\_

## ADMISSION USE ONLY

2 & Younger: \_\_\_\_\_ Child: \_\_\_\_\_ Adult: \_\_\_\_\_ Senior: \_\_\_\_\_

Total Amount Received: \$ \_\_\_\_\_ (if applicable)