



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

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: _____

Field Trip Rates

November-March: \$3.00

April- October: \$5.00

Education Program Rates

Year Round: \$8.00

Pay ADMISSIONS _____

Pay EDUCATION _____

Program Time: _____

Program location: _____

ADMISSION USE ONLY

2 & Younger: _____ Child: _____ Adult: _____ Senior: _____

Total Amount Received: \$ _____ (if applicable)