

Education Program Request Form

Animal Encounter Programs



Name:

Phone Number:

Email:

Mailing Address (*Please include county):

Billing Address:

Is this for a special occasion?:

Is this a surprise for anyone in your group?:

Are there any allergies we should know about in your group?:

Number of Adults:

Number of Minors (under 18) & Their Ages:

Preferred Date(s): ***Please provide AT LEAST three!** Preferred Time(s): **Please provide AT LEAST three!**

Type of Encounter: *Please check the encounter you are interested in.*

Sloth (1-4 participants)

Sloth (5-8 participants)

Penguin (1-4 participants)

Penguin (5-8 participants)

Armadillo (1-4 participants)

Armadillo (5-8 participants)

Birds of Prey

Birds of a Feather

Staff Use Only:

Program Contract: ____

Emailed customer: ____

Input to Google: ____

File in Binder: ____

Please email this form to: edureservations@lvzoo.org

It may take up to 72 hours to get a response, as we answer requests in the order in which we receive.