

# 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) & 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](mailto:edureservations@lvzoo.org)**