

Education Program Request Form

Explore & Snore Programs



Name:

Phone Number:

Email:

Name of Group/Organization:

Mailing Address (*Please include county):

Billing Address:

Age Ranges/Grade Levels:

Estimated Number of Children:

Estimated Number of Adults:

Would you prefer to sleep indoors or outdoors? **Group must bring own tents if sleeping outdoors.*

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

For scout groups: Are you looking to meet any badge requirements? If yes, which badge?

Activity Choice:

Owl Pellet Dissection

Owl Calling

Snack Choice:

S'mores

Goldfish

Please email this form to: edureservations@lvzoo.org

Staff Use Only:

Program Contract: ____

Emailed customer: ____

Input to Google: ____

File in Binder: ____