

Traveling Zoo Outreach Program Request Form

Approval can take up to 2 weeks

Location Information

Name of facility: _____

Type of facility (school, library, event, etc.): _____

Program site address: _____

Parking directions: _____

Contact and Billing Information

Contact person name: _____

Contact email: _____

Contact phone number: _____

Alternate phone number: _____

Billing address: _____

Program Information

Program date (please list top three date choices): _____

Proposed time frame: _____

Program topic: _____

Grade level/age of attendees (i.e. 1st grade, adults, families, etc.): _____

Number of attendees per program: _____

Number of programs: _____

Location of program (i.e. classroom, gym, etc.): _____

Continued below

Resources available at program:

- Table
- Chairs
- Electricity (AC, heating)
- Convenient parking
- Venue/grounds wheelchair accessible

I have read and understand all requirements for bringing the Erie Zoo to my institution (please refer to our FAQ's and Fee Information sheets on our website):

Signature: _____ Date: _____