

Erie Traveling Zoo

Request Form

Please complete and submit the request form at least two weeks in advance of the requested visit. A confirmation and invoice will be sent prior to your visit.

Contact Information

Name of School/Senior Citizen Home/Preschool/Daycare: Click here to enter text.

Street Address (of where the program will be held):Click here to enter text.

City, Click here to enter text.**State,** Click here to enter text.**Zip Code**Click here to enter text.

Contact Name:Click here to enter text.

Contact Phone number:Click here to enter text.

Is this a cell phone or business phone?: Click here to enter text.

Contact e-mail:Click here to enter text.

Erie Traveling Zoo Program(s) Requested:

Date Requested for Traveling Zoo visit (i.e. Thursday, January 1st 2019):Click here to enter a date.

Grade level for requested programs:Click here to enter text.

Total number of presentations requested:Click here to enter text.

Is this a Small (35 or less), Medium (36-65 people), Large (66-99) or Extra Large Group (100+) group (number includes all people, adults and children)?: Click here to enter text.

Note: If you are running programs simultaneously, you will be charged the first program rate twice

Note: If you are unsure of the size of the group, you will be billed for a small group. If the number is larger than that the day of the program, you will be billed for the difference

Program(s) time frame(s) (i.e. 9:00-9:45am OR 9:00-10:00am) *IF THE PROGRAMS STARTS AFTER 4PM OR IS ON THE WEEKEND THE TOTAL COST IS DOUBLE*:Click here to enter text.

***Note: Program length is 45 minutes to an hour. If needed, we can run two programs simultaneously with staff availability.**

Name of program(s) topic requested: [Click here to enter text.](#)

***Note: No more than two different programs can be presented in the same day.**

Day of the Program:

Where in the building will the programs be held? [Click here to enter text.](#)

Is your Building handicap accessible? [Click here to enter text.](#)

Please provide any parking directions? [Click here to enter text.](#)

Payment:

Is this program being paid for by a second party?: [Click here to enter text.](#)

If so, please provide the person/business name, phone number and address:

[Click here to enter text.](#)

Please have a check made out to the Erie Zoo or cash ready the day of the program. If you would like to pay ahead of time, you can call the zoo with your invoice number to pay with a credit card over the phone.

Thank you for your request! We will be in touch soon to confirm your programs.

Amy Heisler

Off Grounds Coordinator

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Fax: 814-864-1140