Looking to purchase advanced tickets? You’ve come to the right place! If you’d like to register your group to visit the zoo on a specific date, please visit our website and fill out the Group Visit Form. If you’d like to purchase a bulk number of tickets to use any day, this is the form for you! Please fill out the information below and either mail, fax, or email it to us. You must purchase a minimum of 15 tickets to receive these reduced rates. This is a great option for groups that want to come multiple times or want to buy tickets for their employees! All you have to do is buy the tickets, distribute them, and hand them in at the gates when you arrive. We look forward to having you!

**Required Information:**

Please Print Clearly and Mail/Fax/Email To:
Mackenzie Smith
P.O. Box 3268 Erie, Pa 16508
msmith@eriezoo.org
Fax: (814)-864-1140

Organization Name: ___________________________
Mailing Address: ___________________________
City: ______________ State: ___ Zip code: ______
Phone Number: ___________________________
Fax Number: ___________________________
Contact Person’s Name: _______________________
Email: _____________________________________
Billing Address (if different/paying with credit card): ___________________________
City: ______________ State: ___ Zip code: ______

For any questions, please call (814)-864-4091

**Things to remember:**

✓ Tickets must be purchased in advance.
✓ These tickets are only valid for day-time admission.
✓ Tickets cannot be used during ZooBoo.
✓ The concession stands, back gate, train, carousel and gift shop are open weather and attendance permitting.

**Admission**

Adult (ages 13 & up) _______ x $7.50 = $ _______
Children (ages 2-12) _______ x $5.50 = $ _______
(Children 23 months and under do not pay admission)

TOTAL ADMISSION FEES = $_________

**Rides**

Train _______ x $2.00 = $ _______
(Everyone ages 2 and up require a ticket to ride)
Carousel _______ x $2.00 = $ _______
(Everyone ages 2 and up require a ticket to ride)

TOTAL RIDE FEES = $_________

**Payment Section**

Payment due prior to date of visit
Check or money order enclosed [ ]
Credit Card # __________________________ Expiration Date ___________
CVV Code __________ Zip Code __________ Does this card have a chip? Y [ ] or N [ ]
Signature __________________________________

TOTAL FEES DUE = $_________