## ALBUQUERQUE AQUARIUM AND RIO GRANDE BOTANIC GARDEN SCHOOL GROUP RESERVATION APPLICATION

Print and fill out form completely and FAX to (505)764-6222



OR MAIL to Albuquerque Aquarium/Rio Grande Botanic Garden School Group Reservations 903 Tenth Street SW Albuquerque, NM 87102

Please choose a 1st and 2nd choice day, date and time for your visit. One will be selected by the Reservation Clerk and sent back to you with your confirmation. NOTE: There are no weekend reservations.

1	9:00am 9:30am 0:00am 0:30am	11:00am 11:30am 12:00pm 12:30pm		1:00pm 1:30pm 2:00pm 2:30pm	3:00pm 3:30pm 4:00pm	
FIRST CHOICE						
Time:	Day:	Date: _	month	day	year	
SECOND CHOICE						
Time:	Day:	Date: _	month	day	year	
		<b>Group Info</b> Leave no space blank. L		icable.		
GROUP SIZE/ No. of students:		No. of adults:	_ No. of adults: No. of babies (2 years & younger):		ger):	
School Name:		Grade Level:				
Contact Person: _				OFFICE	USE ONLY	
Email:		Fax:	_ Fax:		Estimated Price:	
PHONE/Day:		Evening:	_ Evening:			
Address:				Confirmation No.:		
City:		State:	Zip:			

## STATEMENT OF AGREEMENT

I have read and understand the information contained in the GROUP RESERVATION POLICIES and BIOPARK ETIQUETTE. By signing on the line below I agree to abide by the policies established to obtain a group reservation. If I or anyone in my class behaves in a manner unbefitting a representative of our organization, I understand that we may be denied the privilege of this discount in the future.