RIO GRANDE ZOO SCHOOL GROUP RESERVATION APPLICATION



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

OR MAIL to Rio Grande Zoo School Group Reservations 903 Tenth Street SW Albuquerque, NM 87102

	2nd choice day, date and tir u with your confirmation. NC			he reservation
Times available: 9:00am 9:30am 10:00am 10:30am	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: Da	ay:	Date:	day	year
SECOND CHOICE				
Time: Da	ay:	Date:	day	year
Group Information Leave no space blank. Use N/A if applicable. GROUP SIZE/ No. of students: No. of adults: No. of babies (2 years & younger):				
School Name:	Grade Level:			
Contact Person:			OFFIC	E USE ONLY
Email:	Fax:		Estimated Price	
	Evening:		Confirmation No.	:
City:	State:	Zi _l	p:	
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.				

SIGNATURE REQUIRED_