

Registration Form for School Programs



Forms may be faxed to the Education Department at (757) 625-1061 or mailed to:

Education Department, VZS, 3500 Granby Street, Norfolk VA 23504

Name of School or Organization: _____

Contact Name: _____

Address: _____

City/State/Zip: _____

Day Phone: _____ Evening or Cell Phone: _____

Email (for program confirmation): _____

Please list dates and times in order of your preference.

Program Date: 1st Preference _____ 2nd Preference _____ 3rd Preference _____

Program Time: 1st Preference _____ 2nd Preference _____ 3rd Preference _____

Program Title: _____

Age of children/students attending: _____ Grade: _____

Number of children/students attending: _____ (Please pay careful attention to the maximum number of participants allowed for any one presentation of the program ordered)

Location (Your site or the Zoo): _____ (If you are scheduling at a location other than the Zoo, it is important that you fax or mail directions from the Zoo to your location. Our fax number is (757) 625-1061.)

Please list any special needs such as accommodations, or constraints such as time concerns:

Your program can be considered confirmed upon receipt of a confirming email or fax from the Education Department. Please call to make sure we have received your reservation if you do not receive a prompt confirmation.

Payment for your program(s) is due prior to or at the time scheduled. Your check should be made payable to Virginia Zoological Society.

I have read and agreed to the above concerning directions, confirmation, and payment.

Signature of responsible party: _____

Title: _____ Date: _____