Registration Form for Guided Tours

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: Email (for program confirmation):	Cell Phone		
Please list dates and times in order of y	our preference.		
Tour Date: 1st Preference	2nd Preference	3 rd Preference	
Tour Time: 1st Preference	2nd Preference	3 rd Preference	
Tour Theme (<u>Choose</u> <u>One</u>):			
☐ Adaptations	□ Exhi	bit Design	
☐ Animal Groups	□ Intro	☐ Introduction to the Zoo	
☐ Habitats	□ Ano	ther topic (subject to available resources)	
Age of children/students attending:	 Grade:		
Number of children/students attending: number of participants allowed per tour		careful attention to the maximum	
Please list any special accommodations	s needed:		
Your tour can be considered confirmed Department. Please call to make sure w confirmation.			
Payment for your tour(s) is due prior to Virginia Zoological Society.	or at the time scheduled.	Your check should be made payable to	
I have read and agreed to the above co Signature of responsible party:	ncerning directions, confi	rmation, and payment.	
Title:	D	ate:	