

VIRGINIA ZOO EDUCATION

PROGRAM REQUEST FORM



SCHOOL OR ORGANIZATION NAME _____

ADDRESS _____ CITY, STATE, ZIP _____

PHONE _____

CONTACT PERSON _____ PHONE _____

EMAIL _____

GRADE LEVEL _____ TOTAL # OF STUDENTS _____ TOTAL # TEACHERS/CHAPERONES _____

SPECIAL ACCOMMODATIONS?

PLEASE CIRCLE ONE Program at the Zoo* Program at Your School

PREFERRED PROGRAM DATE 1ST CHOICE _____ 2ND CHOICE _____ 3RD CHOICE _____

***FOR FIELD TRIPS AT THE ZOO** ARRIVAL TIME _____ DEPARTURE TIME _____

PREFERRED PROGRAM TIME 1ST CHOICE _____ 2ND CHOICE _____ 3RD CHOICE _____

PROGRAM TITLE _____

Please email us your completed form and we will contact you to schedule your program. Please note that your date has not been confirmed until you receive a confirmation letter from our staff.

EMAIL: vazoo.education@norfolk.gov

PHONE: 757-441-2374 x229