

EDUCATION PROGRAM RESERVATION FORM

Mail this form to: Bergen County Zoo, Education Program Reservation, 216 Forest Avenue, Paramus, NJ 07652

School/Group Name: _____

Contact Name: _____

School/Group Mailing Address: _____

_____ Zip Code: _____

Daytime Phone Number: _____ Email Address: _____

(please check your spam/junk mail folder for email with "Bergen County Zoo" in the subject line.)

Do you want to reserve (circle one):

A Zoo Program (in the Zoo's Education Center)

How early can your group arrive? _____

How late can your group stay? _____

(Zoo opens at 10 am; Education Center closes at 4 pm; zoo closes at 4:30 pm)

An Outreach Program (Sept.– March only)

(Please include directions and parking instructions with your reservation form.)

Date of Program: 1st Choice _____ 2nd Choice _____ 3rd Choice _____

Time of Program (Start times between 10 am – 3:30 pm): _____

Number of classes attending a program on this day: _____

Teacher/Leader	# of Children <small>(max. 25 per class; 15 for pre-K)</small>	# of Adults <small>(max 3 per class)</small>	Grade <small>(Age if pre-K)</small>	Time
1. Ms./Mrs./Mr. _____ (please circle)	_____	_____	_____	_____
2. Ms./Mrs./Mr. _____ (please circle)	_____	_____	_____	_____
3. Ms./Mrs./Mr. _____ (please circle)	_____	_____	_____	_____
4. Ms./Mrs./Mr. _____ (please circle)	_____	_____	_____	_____
TOTAL	_____	_____		

For programs at the zoo, we can accommodate up to 4 classes per day. If you have more than 4 classes, you must fill out an additional form for a different date. Only 3 adults may attend the education program (including your teacher/leader,) but you may bring more adults as chaperones in the zoo and park. Additional chaperones must pay zoo admission on the day of the trip.

For outreach programs (at your school,) we can teach a maximum of 3 classes, back-to-back (10-15 minute break between classes.) If you have more than 3 classes, please fill out an additional form for a different date.

Title of Program: _____
(if "Wild & Crafty Animal Tales," please choose animal): 1st Choice _____ 2nd Choice _____

Special Considerations: _____

Check enclosed: Amount: _____ Check Number(s): _____
(Program fee only. Do not include payment for train, carousel, special exhibits, etc.)

OR

Please send invoice (Note: final payment must be made 4 weeks prior to program date.)