EDUCATION PROGRAM RESERVATION FORM

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

Scout Group Name:					
Contact Name:					
Mailing Address:					
		Zip Code:			
Daytime Phone Number:		Email Address:			
Do you want to reserve (circle	(please chec	k your spam/junk mail folder for er	nail with "Bergen County	Zoo" in the subject line.)	
A Zoo Program (in the Zoo's How early can your group arri How late can your group stay? (Zoo opens at 10 am; Educatio	ve?	(Please include di instructions with y	rections and parking our reservation for the second s	ing	
Date of Program**: 1 st Choic	e 2 nd C	Choice	3 rd Choice		
Leader	# of Children (max. 25 per class)			Time	
1					
2					
ΤΟΤΑ	L:				
Only 3 adults may attend the edu the zoo and park. Additional cha For outreach programs (at your s minute break between classes.) 1 Title of Program:	perones must pay zoo adm chool/public building,) we	nission on the day of the tr can teach a maximum of	rip. 3 classes, back-to-l	pack (10-15	
(if "Wild & Crafty Animal Ta	les," please choose anim	al): 1 st Choice	2 nd Choice	e	
**Please Note Overnights and Smaller groups may be combined discuss program details.					
Special Considerations:					
[] Check enclosed: Amou (Prog OR	nt: gram fee only. Do not in	Check Numb	er(s):, carousel, special	exhibits, etc.)	

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