



**IOWA'S WILDEST ADVENTURE**

# School/Special Group Reservation Form

Please complete all of the information and  
return via fax or in the mail.

**Fax # 515-323-8390**

Blank Park Zoo: Education Department  
7401 SW 9<sup>th</sup> Street  
Des Moines, Iowa, 50315  
Office (515) 323-8330  
Fax (515) 323-8390

Date of Visit \_\_\_\_\_ Estimated Zoo entrance time: \_\_\_\_\_

School/Group Name \_\_\_\_\_

Contact's Name \_\_\_\_\_ Title: \_\_\_\_\_

Contact email address: \_\_\_\_\_

Contact address: \_\_\_\_\_

Contact phone number: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Grade Level of group (please circle all that apply)

Pre-K K 1 2 3 4 5 6 7 8 9 10 11 12

Other (please explain): \_\_\_\_\_

Trip Details:

Estimated Number of Students \_\_\_\_\_ X \$4.00 = \_\_\_\_\_

Required Number of Adults \_\_\_\_\_ X \$0.00 = \_\_\_\_\_

(Chaperone requirement is 1 adult to every 10 students. )

Estimated Additional Adults \_\_\_\_\_ X \$6.00 = \_\_\_\_\_

Train Rides (seasonal) \_\_\_\_\_ X \$2.00 = \_\_\_\_\_

Education Program(s) \_\_\_\_\_ X \$50.00 = \_\_\_\_\_

Estimated amount due at time of zoo visit = \_\_\_\_\_

I am interested in:

Education Animal Program- (Maximum 50 guests) Cost: \$50.00

Circle Your Preferred Program Time: (Time slots are on a first come first serve basis)

10:00 10:30 11:00 11:30 1:00 1:30

Send me more information about the Living Classroom Series

(A zoo education program in you classroom prior or post to your visit)

Payment Options on day of zoo visit:

\_\_\_ Check \_\_\_\_\_ Purchase Order # \_\_\_\_\_

\_\_\_ Credit Card \_\_\_\_\_ Billing School /Organization \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Billing Phone Number \_\_\_\_\_

\*To receive discounted admission rates:

-We require one payment either check, credit card, or purchase order

-Parents wanting the discounted admission price need to be included as additional adults and their payments must be included with your payment.

