## NIABI ZOO OUTREACH EDUCATION REGISTRATION FORM

\*Programs must be scheduled four weeks in advance\*

Date Requested			Time Requested	
Name of venue Address of venue				
Contact Name Contact Phone			Fax	
We request that you provide a parking spot as close to the door as possible.  Where can our zookeeper park?				
What door should	the zookeeper ente	r through	with the animals?	
Approx. how many About what age?	people do you exp			
•	ou have a large tabl ystem will be neces	•	• , ,	
Confirmation will b	m to Carla at 309-79 e faxed back along I IS NOT SCHEDUI	with the f		
Payment must b	oe received		Office Use Or	nly
prior to program	date		confirmation number	
mail payment to	):		initials	
Niabi Zoo			date conf. faxed	
13010 Niabi Zoo	o Road		price quoted	
Coal Valley, IL	61240		received request	
Attn: Carla			Payment Received	