



ROGER WILLIAMS PARK ZOO &  
RHODE ISLAND ZOOLOGICAL SOCIETY  
**2009 ADVANCE-TICKET REQUEST FORM**

DATE OF ORDER: \_\_\_\_\_ DATE OF VISIT (if applicable): \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

<u>TICKET TYPE</u>	<u>QUANTITY</u>	X <u>PRICE EACH</u>	=	<u>SUB TOTAL</u>
ADULT (13-61)	_____	X \$10.00	=	\$ _____
CHILD (3-12)	_____	X \$5.00	=	\$ _____
SENIOR (62+)	_____	X \$7.00	=	\$ _____
TODDLER	_____	X \$0.00	=	\$ _____
SHIPPING/HANDLING FEE			+	\$ <b>5.00</b>
		<b>TOTAL DUE</b>		\$ _____

- To obtain Advance-Group tickets simply fill in the above information, sign the contract, and then mail the contract with your payment to the Group Sales Office.
- Please note, there is no admission charge for children under 3 years of age (toddlers), and no ticket is required for their zoo entry.
- Advance-Group Tickets are offered at a discount off general admission rates provided a minimum of ten tickets are purchased per order. It is not necessary to make an advanced reservation.
- Advance-Group Tickets are valid for one year from the date of purchase. The zoo is open seven days a week, year-round, except Thanksgiving Day, December 24<sup>th</sup>, and December 25<sup>th</sup>. These tickets are non-refundable.
- Please make payments out to: **Rhode Island Zoological Society**. We accept checks, money orders, and all major credit cards. Upon receipt of your payment, our office will mail your tickets. *Please allow 7 – 10 business days to process your order.*
- Address all correspondence to :  
Group Sales Office  
RI Zoological Society/Roger Williams Park Zoo  
1000 Elmwood Avenue, Providence, RI 02907  
(401) 467-0150 Fax (401) 781-9206

X  
\_\_\_\_\_  
ZOO Representative

X  
\_\_\_\_\_  
Organization Representative (Signature Required)

[www.rogerwilliamsparkzoo.org](http://www.rogerwilliamsparkzoo.org)

[groupsales@rwpzoo.org](mailto:groupsales@rwpzoo.org)

For Office Use Only:

Date Request Form Received: \_\_\_\_\_  
Check #: \_\_\_\_\_  
Credit Card # \_\_\_\_\_

Date Tickets Mailed: \_\_\_\_\_  
Check Amount: \$ \_\_\_\_\_  
Expiration Date: \_\_\_\_\_