



Group Sales Department
1000 Elmwood Avenue, Providence, RI 02907
Phone: (401) 467-0150
GSales@rwpzoo.org

2025 Advanced Ticket Order Form

Daytime Zoo Tickets: Bulk Group Rate

Contact Name: _____
Preferred Telephone: _____ Email: _____
Organization: _____
Address: _____
City: _____ State: _____ Zip: _____
Organizational Contact Name & Phone/Email (If different): _____

Purchasing Tickets for Your Group

Enjoy a special discounted rate only available to groups with 100 or more paying guests.

Adult Tickets: _____ @ \$17.00 ea. = _____
Child Tickets (age 2-12): _____ @ \$11.00 ea. = _____
Senior Tickets (age 62+): _____ @ \$13.00 ea. = _____
Toddler Tickets (age 0-1): _____ No charge

Total Ticket Cost:

\$ _____

Choosing a Delivery Method (Required)

All guests must confirm the delivery method:

_____ Bulk shipping (for physical tickets, sent via USPS): = \$20

Total Delivery Cost:

\$ _____

Please Note:

- This discount is only available to those purchasing 100 or more paid tickets. Toddler tickets do not count toward this minimum requirement. Any additional orders must also meet the 100+ paid ticket order minimum – we cannot honor this rate for lesser amounts and appreciate your understanding.
- Toddlers are admitted for free but do still require a ticket. Be sure to include accurate counts with your order.
- If you are not sure the ages of your guests, please be sure to buy all adult tickets.
- If you opt for mailed tickets, tickets are mailed upon receipt of payment. Please allow 7 – 10 business days to process your order.
- Payments can be made by cash, check and credit cards. Payment for the order must be made in one lump-sum payment (no separate payments permitted).

BY SIGNING BELOW, I AGREE TO AFOREMENTIONED TERMS AND CONDITIONS:

Contact Signature: _____ Date: _____

Payment Method (Please circle one): Check Visa Mastercard Discover AmEx

- CHECK CUSTOMERS: Please make payable to *Rhode Island Zoological Society*. Returned checks will result in an additional \$25 fee.
- CREDIT CUSTOMERS: We accept all major credit cards. Please fill out the following information:

Card Number: _____ Expiration Date: _____