Children's Zoo Outreach Program

The Zoo Outreach Program brings live animals and/or animal artifacts to your group or business through an educational and fun presentation. A reservation is required, along with a $100 per hour donation to be received by the Zoo ***before*** our visit to you. Locations beyond a 25 mile radius from the Zoo will also require an additional mileage donation.

Please call ***(989) 759-1408*** to inquire about your preferred date. Then, complete this form and return it to the Zoo. ***Pending approval*** by our Outreach Staff, ***we will then contact you to confirm our visit*** and arrange for receipt of your donation. ***We cannot confirm our visit until we receive this completed form from you.***

Contact Name _____ Location Name _____

Location Address _____ City , Zip _____

Contact Phone _____ Fax _____ E-Mail _____

Event Name, Date and Time _____

Time of Zoo visit Start time: _____ (a.m. or p.m.) End time: _____ (a.m. or p.m.) **Total Amt Due:** _____ $100 per hour; plus mileage fee if applicable

Please note that animals are available for a maximum time of 21/2 hours -this refers to the amount of time we would be present at your venue; we do not include our travel time in this figure.

Describe your Venue

Please X appropriate selection(s):

☐ Open-House –people coming and going ☐ Stage Presentation ☐ Career Fair

☐ Other, please describe _____

Number of Adults _____ Number of Children _____ Age range of Children _____

Is Venue Indoor or Outdoor? _____ (Temperatures can limit the availability of animals)

If Outdoor; is there protection from the elements? (tent , Heating or cooling devices) _____

Is food or drink going to be nearby? _____ May visitors be carrying food around with them? _____

Tables and chairs provided? _____ How many? _____ Will loud Music be at event? _____

Can a microphone be provided for stage presentations? _____

Additional Information: _____

Do not write below this space; Zoo office use.

Animal Collection Approval _____ Date _____ On conditions?_____
Date confirmed with venue_____ Gift Rcvd Date_____ Amt Rcvd_____ Staff Initials_____

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