

School Presentation Reservations

1. Call our office at 305-969-3696, ext. 21 to check on your preferred date and time.
2. A \$100.00 deposit is required, non refundable if canceled.
3. Print, fill out and mail us this form along with your deposit, and fax form to confirm the program.

Please Print this form, fill out completely and mail to us.

Contact Name: _____

Institution: _____

Address: _____

City: _____ State: _____ Zip: _____

Institution Phone #: _____

Home Phone #: _____

Fax #: _____

Email: _____

Number of Students: _____ Grade: _____

Day of Visit: _____ Number of Programs: _____ Time of Program: _____

Which program would you like?

____ Habitats ____ Rainforests ____ Reptiles ____ Into Africa ____ Latin America ____

____ Other (Please describe topic) _____

Method of Payment of \$100 deposit:

____ Check payable to "ZWF" ____ Visa ____ MasterCard ____ Discover ____ AX ____

Name of card holder _____

Account Number _____

Signature _____

Mail to: Zoological Wildlife Foundation,
16225 SW 172 Avenue
Miami, Florida 33187

Fax Form to: 305-969-3365

Thank you and we look forward to seeing you soon!