

Jackson Zoo

School Group Field Trip Request Form

Contact Name _____ Date Requested _____

School _____ Address _____

City _____ State _____ Zip _____ County _____

Contact email _____ Phone _____

Total Number of Students _____ Total Number of Adults _____

Grade Level _____

Field Trip Extras – Please indicate any extras that you would like to add, additional fees apply. See details and program topics at www.jacksonzoo.org.

___ An Animal Program - topic choice _____ time preference _____

___ A Wild Classroom - topic choice _____ time preference _____

___ Train Ride - time preference(s) _____

___ Carousel Ride - time preferences(s) _____

___ Lunch - number _____ eating time _____ hamburger or hotdog

___ Snack - number _____ eating time _____ chips or cookies

___ Goodie Bags - number _____ pick up time _____ small or large

Fax this form to the Jackson Zoo Education Department: 601-352-0612 or 601-352-2594 at least 2 weeks before your trip.