

Zoological Society of San Diego

COLLEGE STUDY PASS REGISTRATION FORM

College: _____ Department: _____

Contact Name: _____ E-mail: _____

School Address: _____

City: _____ State: _____ Zip: _____

School Phone: _____ Ext: _____ Fax: _____

PLEASE USE ONE FORM PER SITE:

San Diego Zoo

Wild Animal Park

CLASS ROSTER:

Names will be printed on each pass.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PAYMENT:

Total number of passes: _____ @ \$15.00 each = _____

I give my permission for the Zoological Society of San Diego to charge my credit card for program fees.

Visa

MasterCard

Discover

American Express

Account number: _____

Expiration Date: _____

Card Holder's Name: _____

Signature: _____

All orders take approximately two to four days to be processed. Payment is due prior to ticket issue.

THINGS TO SHARE WITH YOUR STUDENTS

- Passes do not include parking (Wild Animal Park).
- Passes do not include Journey Into Africa (Wild Animal Park).
- Passes are valid *only* at the location selected.
- Students are required to show ID when entering.

For Zoo passes, fax this form to Guest Relations:
(619) 557-3996

For Wild Animal Park passes, fax this form to Guest Relations:
(760) 738-5023