



Education Group Registration Form

Thank you for your interest in Brights Zoo. Please fax or mail this completed form to Brights Zoo.

**Please confirm the visit date before making plans with your group:**

Phone: 423-257-1927 or e-mail david@brightszoo.com

Fax to: 423-257-1999

Mail to: Brights Zoo

Attn: Education Group Registration

3425 HWY 11E

Limestone, TN 37681

Please keep in mind:

- Fifteen or more paid student admissions are required to qualify for the education group rate, and **one lump sum payment** must be received for all students and teachers/assistants in the education group.
- Groups Larger than 60 must be approved by the zoo administrator.
- Groups Larger than 60 will not get to do Lorikeet Landing.
- Students are \$7 per student. Brights Zoo allows 1 free teacher for every 10 paid students. Additional guests will be allowed to attend at the group rate of \$15. If additional guests pay at the gate the fee is \$15 plus tax.
- To receive the education group rate, no other discounts can be applied.
- A confirmation will be sent upon receipt of completed materials.
- Include an estimated total number of adults and children.
- Allow one week to process your request.
- Visits are scheduled based on the availability of the date(s) requested.
- Brights Zoo now accepts credit or debit cards (VISA, Master Charge and Discover).

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**Registration Form:** (Please print legibly)

Date of Visit: \_\_\_\_\_ Approximate Arrival Time: \_\_\_\_\_

If the requested tour date is unavailable, is there another date you would like to visit? \_\_\_\_\_

Group Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Principal Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ County: \_\_\_\_\_

Contact Info: Day Phone: (\_\_\_\_) \_\_\_\_\_ Evening phone: (\_\_\_\_) \_\_\_\_\_ Fax :(\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Total number of students (\$7) (est.): \_\_\_\_\_ Total number of free teachers (est) \_\_\_\_\_

Total number of adults (\$15) (est.): \_\_\_\_\_ Are you tax exempt? (TAX ID) \_\_\_\_\_

Age or grade level of students in your group: \_\_\_\_\_

CIRCLE ONE: Are you a: Public School? Private School? Other? \_\_\_\_\_

Do you plan to pack snacks or lunch and eat at the zoo picnic area? Yes No

Will the group be permitted to visit the gift shop? Yes No

Any special needs or considerations we should know about? \_\_\_\_\_

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Use the space below to include any other information that might be helpful to us as we plan for your visit. \_\_\_\_\_

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