



Group Registration Form

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

**Please confirm your 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: Group Registration

3425 HWY 11E

Limestone, TN 37681

Please keep in mind:

- To qualify for the group rate, there must be 15 or more admissions paid at the gate. Children under 2 years of age cannot be included in the group total.
- A confirmation will be sent upon receipt of completed materials.
- Allow at least one week to process your request.
- Tax-exempt purchases may not be paid with cash, personal check, or personal charge. If you are not a tax-exempt institution, you must pay TN state sales tax.
- If your group is tax exempt, please provide a copy of tax exemption / resale certificate when you register, or pay at the gate.
- To Brights Zoo now accepts most major debit and credit cards (VISA, Master Charge and Discover).
- Group rate is \$15 per person. Children under 2 are permitted free of charge.

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

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

Organization or Family Name: \_\_\_\_\_

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

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

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

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

Do you plan to utilize the picnic area? Yes No Do you plan to visit the gift shop? Yes No

Total number of visitors (\$15) (est.): Zoo: \_\_\_\_\_

Are you tax exempt? Yes No Tax ID \_\_\_\_\_

If the requested Date of Visit is already taken, are there other dates you would like to visit, if available? \_\_\_\_\_

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Does the group have any special needs or considerations? (example: need a golf cart for X number of visitors) \_\_\_\_\_

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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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