

Updated 3-3-17

College Field Trip Reservation Application *(This application is for College groups only)*

(The below pricing applies to the 2015-2016 school year effective 8/15/16 – 6/2/17)

Applications are processed on a first-come, first-served basis.

We require full payment 2 weeks in advance for self-guided tours and 3 weeks advance for Classroom Programs.

Contact (if different from Professor): _____ Professor: _____

School: _____

Phone: _____ Fax: _____ Email: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Class Level: _____ # Students *(Min. 10, Max. based on program)* _____

Please describe any special needs or requests:

Check the appropriate box and fill in your 1st choice date and entry time

1st Choice Visit Date _____ Entry Time (10 am is the earliest) _____

Self-Guided Tour Only

Classroom Program (includes a Self-guided tour)

Program Time: 9:30, 10:30, 11:30, 12:30 or another Time _____

Program Title _____ Class Level _____

Please be aware that filling out this form does not guarantee that your reservation is complete. You will receive confirmation after your application has been processed and payment has been received. Please wait for the confirmation before finalizing your plans.

Required Payment *

Please include a check, money order, or call with credit card information or payment. Your payment becomes non-refundable 2 weeks prior to your visit. Make checks and money orders payable to: Downtown Aquarium.

Self-guided tours: \$9 x _____ total # of students = \$ _____

Classroom programs: \$12 x _____ total # of students = \$ _____ (price includes a self-guided tour)

Professors/Teaching Assts.: \$0 x _____ total # of = \$ _____

Additional Adults **: \$14.95 x _____ total # of adults = \$ _____ (only the Professor & T.A.'s are allowed in classes)

Total enclosed = \$ _____

Make checks and money orders payable to: Downtown Aquarium

Mail to Reservations: Downtown Aquarium

700 Water St.

Denver CO 80211

Credit Card Payment – Please print name on card and sign below to authorize credit card payment– once we receive the completed form we will call you to get card information over the phone. Please **do not** email payment card information.

Name on Card: _____ Signature: _____

* At check-in, an actual count is recorded. If less than the reserved number of students come, a refund will be issued after your visit. If your total number of students is **less than 10**, you will **still be charged for 10 students**. If more students come, the school will be billed for the remaining balance.

** The school may purchase additional adult tickets in advance at the discounted rate of \$14.95. If you choose not to purchase their entry in advance, they may buy tickets from the Box Office on the visit day at the regular admission rate.

Mailing address: School Reservations, Downtown Aquarium, 700 Water Street, Denver, CO 80211

Phone: (303) 561-4444

Fax: (303) 561-4434