

Group/School Booking Request Form

Date of Arrival: _____
(month/date/year)

Arrival Time: _____
(AM/PM)

Organization: _____

Contact Name: _____

Title: _____

Phone Number: _____

Email: _____

Mailing or Billing Address: _____
(address/city/province/postal code)

Booking Type Requested:

- ☐ Self-Led Tour
- ☐ Guided Tour
- ☐ Tidepool Walk
- ☐ Healthy Harbour Activity
- ☐ Water Quality Test

Comments: _____

Admissions (if applicable to booking type)

Youth (\$11)	Adult (\$18)	Senior(\$16)	Uni/College Student (\$13)	Under 3 (\$0)	Comp (\$0)	Total # of admissions
Total visit cost \$						

Comp Type (circle): Instructor Care Giver Other

Payment (circle one of each)

Payment Type: Credit Card Debit Card Cash

Payment Time: Before Arrival Upon Arrival

Please send completed form to anna@uclueletaquarium.org. We will get back to you shortly with confirmation of your request

FOR OFFICE USE ONLY:

Booking Staff Member: _____ Booking Date: _____
(month/date/year)

Booking Confirmation (circle one)

Confirmation Type: Email Phone In Person Other None

Comments: _____