Group/School Booking Request Form

Date of Arrival: _____ Arrival Time: _____
(month/date/year) (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 info@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: _____