



For office use only:
Date of Request: _____
of Guest Passes Awarded: _____
Guest Pass No. _____

Guest Pass Request Form

Organization: _____ Contact Person: _____

Address: _____ City, State, Zip: _____

Address is (check one): Organization's Personal

Phone: _____ Fax: _____ Email: _____

Federal Nonprofit Identification Number: _____

Date Guest Passes are needed: _____ Event Date: _____

Name and description of event: _____

Description of how Guest Passes will be used at event: _____

Reciprocation to the Santa Barbara Zoo: _____

Note: Requests are filled on a first-come, first-served basis, pending availability. You will be notified within four weeks of receipt of the Guest Pass request form.

*Please send this completed form, along with a return envelope and any materials describing the event to:
Santa Barbara Zoo, 500 Niños Drive, Santa Barbara, CA 93103,
Attn: Guest Pass Requests. Call (805) 962-5339 for questions.*