**School Group Lunch Order Form**

Please mail or fax your completed order **no less than 10 days prior to your Zoo visit**, along with your P.O. or check to:

Santa Barbara Zoo: Group Reservations  
500 Niños Drive, Santa Barbara, CA 93103  
or, fax to: (805) 962-1673

To help make the process run more smoothly, we ask that you pick up lunches before 11:30 a.m. No substitutions, please. One payment per order is needed to process at the group discounted rate.

Thank you and enjoy your day at the Santa Barbara Zoo!

<table>
<thead>
<tr>
<th>meal choices</th>
<th># of meals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meal &quot;A&quot;</td>
<td>Kid’s Chicken Nuggets, Chips, and Drink</td>
</tr>
<tr>
<td>Meal &quot;B&quot;</td>
<td>Kid’s Dog <em>(All Beef Frank)</em>, Chips, and Drink</td>
</tr>
<tr>
<td>Meal “C”</td>
<td>Kid’s Peanut Butter &amp; Jelly, Chips, and Drink</td>
</tr>
<tr>
<td>Meal &quot;D&quot;</td>
<td>Kid’s Corn Dog, Chips, and Drink</td>
</tr>
<tr>
<td>Meal &quot;E&quot;</td>
<td>¼ lb. Burger, Chips, and Drink</td>
</tr>
<tr>
<td>Meal &quot;F&quot;</td>
<td>¼ lb. Cheeseburger, Chips, and Drink</td>
</tr>
</tbody>
</table>

**Beverage Choices and Quantity**

- _____ Martinelli’s Apple Juice  
- _____ Milk  
- _____ Water

**Please complete the following:**

Today’s Date: ________________

School Name: ____________________________________________________________

School Address: _________________________________________________________

Teacher or Contact Person: _______________________________________________

School Phone Number: __________________________ Fax Number: ______________________

Date of Field Trip: ________________ Pick-Up Time for Food Order: ________________

Total # of Meals A, B, C, D: _______ x $9.00 = Subtotal _______ + 8.75% tax = _______

Total # of Meals E, F: _______ x $15.50 = Subtotal _______ 8.75% tax = ______

Type of Payment: ________________  
Total Amount: _______