Docent Tours
Request Form

When to Book
Our programs are very popular, so we recommend that you send in or email your request **2-3 weeks** in advance of the date you would like to reserve. We cannot accommodate requests for bookings less than two weeks prior to the event.

How To Book
Complete the Docent Tours Request Form and send to our Reservations Associate via fax (510-729-7324) or email to EducationReservations@oaklandzoo.org.

Payment Due
Payment of tour fees is **required at the time of reservation**. Admission fees MUST be paid upon arrival for your tour.

Zoo admission must be paid before the tour begins. Please show your receipt to your tour leader.

Cancellations
Please note that once you register and pay your tour fee, we are not able to offer refunds for cancellations.

GENERAL INFORMATION
Docents are specially-trained and knowledgeable volunteers who share the message of animal appreciation and conservation through guided tours of the Zoo. Tours are provided to children (ages 5 and up) as well as adults. For our visitors with disabilities or physical challenges, our Docents provide tours with specially-equipped electric carts. Most exhibits and areas of the Zoo are accessible to tours. Reservations for docent tours must be made 2-3 weeks in advance.

For Ages
5 years and up (The tours can be too lengthy and in depth for very young children.)

Length of Time
Approximately 90 minutes (please see our Late Policy*)

Times
10am

Availability
Monday-Friday; weekends available seasonally
July – March (not available April – June)

Attendees
- **Walking Tour** - no maximum
- **Cart Tour** - maximum of 10

Tours take place rain or shine.

Paula Booth, Reservations Associate
Oakland Zoo Education Department
PO Box 5238, Oakland, CA 94605
P: 510.632.9525 x220  F: 510.729.7324
EducationReservations@oaklandzoo.org
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Carts
Carts are supplied for free but must be reserved at least 2-3 weeks in advance.

Pricing
Regular Zoo Admission (or discounted admission for groups 12+) must be paid before the tour begins. Please show your receipt to your tour leader.

Cart plus the tour fee by number of participants (10 maximum):

<table>
<thead>
<tr>
<th>Participants</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - 20</td>
<td>$35</td>
</tr>
<tr>
<td>21 - 40</td>
<td>$55</td>
</tr>
</tbody>
</table>

Where
- **Walking and Cart Tours**: Meet your Docent at the bottom of the Education Building ramp.

Parking
Parking is not included:

- $10 per car
- $15 per bus

Late Policy
Please remember we have scheduled a specially-trained Docent(s) for your tour and we may not be able to accommodate your program if you are more than 15 minutes late for your start time.

If you think you may be late, please call our Reservations Associate, Paula Booth, immediately at 510-632-9525 x220 to see what arrangements can be made.

Although we cannot offer a refund if you do miss your program, we may be able to reschedule it for some other time during the same school year.
Our programs are very popular, so we recommend that you send in or email your request 2-3 weeks in advance of the date you would like to reserve. We cannot accommodate requests for bookings less than two weeks prior to the event.

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Program Information
Program Date Preferences – ALL TOURS BEGIN @ 10:00 am.

Choice 1:_________Choice 2:_________Choice 3:_________

Group Size
There is a maximum of 10 for cart tours and no maximum for walking tours.

#Children Age 5+: _______ Age range:_________________
#Adults Age 15-64_______ #Seniors Age 65-75: __________
#Seniors Age 76+ (Free) _________
Total Participants: _______ Cart Requested: ___Yes ___No

Payment Due
Tour Fee: 1- 20 Participants @ $35 $_________
Tour Fee: 21- 40 Participants @ $55 $_________
Total Tour Amount Due $_________

Payment Information
☐ Check#______Amount $_________(payable to "Oakland Zoo")
☐ Credit Card: ◊ Visa ◊ MC ◊ AmEx ◊ Discover
   Number _______________________________________
   Exp. Date:_____/_____ Security# ____________________
   Name on Card: __________________________________
   Amount to charge: $__________________
   Signature:_________________________ Date:_________

Note: If you will be using a Purchase Order you must mail us a copy of the actual PO to process your registration request.
REQUIRED SIGNATURES for School Groups Only:
Please obtain all needed signatures and remember that your order cannot be processed until the complete request packet is received by our Reservations Associate.

I have read and agree to abide by the policies and procedures for Education programs at the Oakland Zoo as listed below.

✓ Payment Due Policy.
✓ Change Policy.
✓ Cancelation Policy.
✓ To distribute the following to each teacher attending: Behavior Expectations, For Chaperones, Tips for your Program, and For the Individual Driver.

Contact Signature: __________________________ Date: ________________

Lead Teacher Signature: __________________________ Date: ________________
(if not the above contact)

Signature of Principal: __________________________ Date: ________________
(Vice Principal may also sign)
FOR SCHOOL GROUPS ONLY:
To better prepare the Zoo staff to provide a great program, please tell us a bit more about the participants in each program.

Teacher: __________________________
Classroom #: ______________________
Number of Students: __________________
Grade(s): __________________________

How many of your students/participants have special needs? _________

Please indicate how many students in your class have special needs in these areas:

___ Physical/Mobility: _______________________
___ Cognitive functioning ____________________
___ Behavior _______________________________
___ Hearing ________________________________
___ Sight/Vision ____________________________
___ Other: _________________________________

What % of the students are English Language Learners? ______ %
What is/are the primary language(s) spoken by these students (other than English)? ________________________________

What science topics will you be focusing on during the time of our visit?

What teaching strategies can you share with our staff to best meet the needs of your students?

Teacher: __________________________
Classroom #: ______________________
Number of Students: __________________
Grade(s): __________________________

How many of your students/participants have special needs? _________

Please indicate how many students in your class have special needs in these areas:

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