

**THE MARYLAND ZOO
2018 CONSIGNMENT TICKET REQUEST FORM**

Company Name: _____
 Contact: _____
 Address: _____
 City: _____ State: _____ ZIP: _____
 Phone: _____ Fax: _____ Email: _____

TICKET REQUEST INFORMATION

Tickets	Quantity	Rate	=	Total
Adult	_____ X	\$12.00	=	_____
Child	_____ X	\$10.00	=	_____
Senior	_____ X	\$11.00	=	_____
Service Charge		\$6.95	=	\$6.95 (Charge for each order)
<u>TOTAL</u>				\$_____

As the representative of _____, I agree to comply with the terms and conditions stated in the Regular Season 2018 Consignment Agreement for the tickets requested above. I agree to contact the Group Sales Office at 443.552.5277 immediately if there is a discrepancy with the above ticket information and/or the tickets received. I understand that my credit card will be protected and held on file, until the event is over, at which time the card will be charged. Please allow approximately two weeks for delivery.

Signature: _____ Date: _____

Print Name: _____

Please mail, email or fax this form to: The Maryland Zoo in Baltimore
 Group Sales Department
 1876 Mansion House Drive
 Druid Hill Park
 Baltimore, MD 21217
 Fax: 443.320.9027
 Email: groupsales@marylandzoo.org