

**THE MARYLAND ZOO  
2019 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	= _____
<b>Service Charge</b>		<b>\$6.95</b>	= <b>\$6.95</b> (Charge for each order)
<b><u>TOTAL</u></b>			<b>\$ _____</b>

As the representative of \_\_\_\_\_, I agree to comply with the terms and conditions stated in the Regular Season 2019 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](mailto:groupsales@marylandzoo.org)