

# Bronx Zoo

## Saturday, October 18



With award-winning, cutting-edge exhibits featuring over 4,000 animals, there is no other zoo in the world that offers the diversity, superb viewing, and world-renowned expertise that assures a rewarding experience and the knowledge that visitors can make a difference in the world around them. The Total Experience includes Butterfly Garden, Children's Zoo, Congo Gorilla Forest, Jungle World, Nature Trek, Bug Carousel, 4D Theater, Monorail.

**Bronx Zoo Address:** 2300 Southern Blvd, Bronx, NY 10460

**Phone Number:** 718- 220-5100

The bus will depart the Library at approximately **8:00 A.M.** We will arrive at the **Bronx Zoo** at approximately **10:00 A.M.** We will leave the **Bronx Zoo** at approximately **4:00 P.M.** for our return trip to the library. All persons ages 3-17 must be accompanied by an adult.

There is a limit of **50** persons for this trip. The cost of the trip depends on the age of the person and is made payable by cash, check (make checks payable to Bay Shore-Brightwaters Public Library), or credit card which includes full admission to all exhibits and attractions, bus transportation and driver gratuity. Payment is non-refundable and due by **September 5**.

**\*\*THIS TRIP MUST BE FULLY SUBSCRIBED BY SEPTEMBER 5, 2025\*\***

Once you have signed up for a trip, no refunds are permitted as the bus transportation, driver gratuity and Zoo tickets must be paid in advance. If you find that you cannot attend a particular outing, you must dispose of the place yourself. We will maintain a waiting list for your convenience. Kindly inform us of what arrangements you make.

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Please reserve \_\_\_\_\_ places at \$ \_\_\_\_\_ each (cash, check, or credit card). This fee is for round trip bus and a **Total Experience Ticket(s)** to the BRONX ZOO. The **Total Experience Ticket(s)** allow guests access to general animal exhibits along with 8 star attractions.

NAME \_\_\_\_\_ Patron Age \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

Total payment received \_\_\_\_\_ by \_\_\_\_\_ (staff please initial) Date: \_\_\_\_\_