

Group Sales Contract

Process Date: 01 / 01 / 07
Event Date: 00 / 00 / 00
Event Time: 6:30pm-9:00p.m.

John Ball Zoo Society
PO Box 2506
Grand Rapids, MI 49501-2506



Phone: (616) 336-4375
Fax: (616) 336-3907
Office Hours Mon. -Friday 8:00 a.m.4:30 p.m.

Mailing Address:

XYZ Company
Attn: Megan Smith
1234 Country Rd.
Grand Rapids, MI 49500

Terms of Contract:

- 1.The John Ball Zoo is not responsible for lost or stolen items.
2. Rental fee is required to confirm booking date.
3. Payment can be made by sending a check or filling out the credit card information below.
4. Additional terms of this contract are included on attachment A.

Telephone Number: (616) 336-0000
Contact Name: Megan Smith
Event Type: Company Picnic

Admission Fees: (Billed Post Even) (Approximate)

Category	Count	Price	Total
Adult	500		
Children (3-13)	50		
Senior(63+)	25		
Child 2 & under	25		

Estimated Total: 600+

Rental Fees:

Zoo Rental: (Lion package) \$4000.00+
Venue Rental: \$ 0.00
Site Usage Fee: \$ 0.00
Total Rental Fees: \$4000.00+

Contract Terms and Conditions:

- 1.Rental Fees are due within 30 days of contract receipt.
- 2.Your organization is responsible for keeping an accurate headcount of all guests in attendance.
Attendance numbers must be given to the Group Sales Department within 2 business days of your event.
3. Additional charges and admission fees will be billed to you post event using your actual headcount.
4. Cancellations must be made at least two weeks prior to your event date for reimbursement.
There will be a \$75 administrative fee charged for all cancellations made less than a month prior to your event.

I hereby agree to all of the terms and conditions stated above.

Signature _____

Title _____

Date _____

Method of Payment:

Checks: Please make checks payable to:
John Ball Zoo Society-Group Sales Department and mail to PO Box 2506,Grand Rapids, MI 49501-2506

Credit Card Authorization: () Visa () MasterCard () Discover

Expiration Date: / / Card Number: - - - - -

Card Holder's Name (Print): _____ Signature _____

Card Holder's Phone: () _____