



## Group Visit Request Form

### Step A: Tell us about your group

\_\_\_\_\_  
Your Name (Mr./Mrs./Ms./Dr.)

\_\_\_\_\_  
Contact Name on Visit Date (if different than above)

\_\_\_\_\_  
School/Organization Name

\_\_\_\_\_  
Grade/Age of Children

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Daytime Phone (with area code) Fax

\_\_\_\_\_  
E-Mail Address

Approx. Number of Children \_\_\_\_\_  
Adults \_\_\_\_\_

### Step B: Select Desired Itinerary

Date requests are accommodated as space allows.

- Aquarium ONLY
- Exhibition Center (Butterflies) ONLY
- Atlantis Explorer Tour Boat ONLY
- Land & Sea Package (Aquarium/Tour Boat)
- Land & Air (Aquarium/Butterflies)
- Air & Sea (Butterflies/Tour Boat)
- Air, Land & Sea (All three attractions)

List several choices (particular date and/or week

of) in order of preference:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Your earliest possible arrival time: \_\_\_\_\_

Your latest possible departure time: \_\_\_\_\_

Is your school/organization tax exempt?

- Yes – (Please provide proof upon check-in.)
- No

### Special Needs:

If anyone in your group has a physical or intellectual impairment, please complete the section below:

Number of students with disabilities: \_\_\_\_\_

Number of adults/chaperones with disabilities: \_\_\_\_\_

Will you require assistance from our staff?

Yes

No

Please attach any information that will allow us to meet your needs more effectively.

### Step C: Extras

Please check any additional items that you would like to include in your visit.

- Education Program\* (\$2.00/person)
- Guided Exhibit Tour (\$2.00/person)
- Behind-the-Scenes Tour (\$2.00/person)
- Group Lunches (\$4.95/person plus tax)
- Ice Cream (\$2.50/person plus tax)
- Simulator Ride (\$2.00/person)
- Discovery Tower Ride (\$2.00/person)
- Pre-Order Gift Shop Merchandise

\*Please visit [www.longislandaquarium.com](http://www.longislandaquarium.com) for a detailed listing of grade-appropriate education programs.

### Please e-mail or fax this completed form to:

Long Island Aquarium & Exhibition Center  
Reservations Department

Fax: 631.208.0466

E-Mail: [reservations@amwny.com](mailto:reservations@amwny.com)

\*\*\*Please note that this form is not a reservation,

it is a request form. Allow 2-3 business days to receive confirmation of your request. A reservationist will contact you to finalize your trip.