



# Group Reservation Request Form



Date of Request \_\_\_\_\_ (Please fax your completed request to Jennifer Turrill @ 713-623-9368)  
*Must have minimum of 15 guests to qualify*

COMPANY CONTACT: \_\_\_\_\_

COMPANY \_\_\_\_\_

GROUP NAME \_\_\_\_\_ ON SITE CONTACT \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ CELL PHONE (required for weekend events) \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

HOW DID YOU HEAR ABOUT AQUARIUM GROUP SALES EVENT OPTIONS? \_\_\_\_\_

• EVENT DATE (Subject to availability) \_\_\_\_\_ TIME \_\_\_\_\_ DAY (Circle one) M T W TH F SA SU

• NUMBER OF GUESTS IN YOUR GROUP \_\_\_\_\_ TYPE OF ATTENDEES \_\_\_\_\_

I WILL BE WORKING FROM THE PROVIDED GROUP MENUS (this option requires a guest & entrée count 48 hrs prior to arrival)  
 MENU SELECTION \_\_\_\_\_ PRICE PER PERSON \$ \_\_\_\_\_

# OF COMPS \_\_\_\_\_ (We are happy to offer comp meals to driver and escort – 1 for every 20 guests – They may choose to Order from our provided driver/escort menu or from the same menu as the attending group. No regular menu orders allowed for comps)

I WOULD LIKE TO DISCUSS CREATING A SPECIAL BANQUET MENU FOR A RECEPTION OR A CORPORATE. BUY-OUT MY BUDGET ISS \_\_\_\_\_ BAR : CASH \_\_\_ HOST \_\_\_ OPEN \_\_\_ (\$ \_\_\_ per person \_\_\_ hrs)

I WOULD LIKE MY GROUP TO ORDER FROM THE MENU AT REGULAR MENU PRICES. I AGREE TO PAY ON ONE CHECK.

I WOULD LIKE TO PURCHASE ALL-DAY DISCOUNT PASSES TO VISIT THE NEW STINGRAY REEF TOUCH TANK ATTRACTION TO EXPERIENCE TOUCHING AND FEEDING THE STINGRAYS AND MUCH MORE .  
 I WILL BE NEEDING \_\_\_\_\_ # OF PASSES @ \$4 EACH

ADDITIONAL COMMENTS OR NEEDS \_\_\_\_\_

Please call Jennifer Turrill @ 615-986-5293 or email [jgilbert-turrill@ldry.com](mailto:jgilbert-turrill@ldry.com) with any questions or comments.

## DEPOSIT INFORMATION

*(Deposits are required for groups of 60 or more guests. Please provide your deposit information below)*

### PAYMENT TYPE:

- CASH
- CHECK # \_\_\_\_\_
- CREDIT CARD: AmEx Visa MC Disc Other \_\_\_\_\_ CC# \_\_\_\_\_
- 

Expiration date on card \_\_\_\_\_ Name on Card ( please print) \_\_\_\_\_

Authorized Signature of Cardholder \_\_\_\_\_

DEPOSIT DUE DATE: \_\_\_\_\_ DATE PROCESSED: \_\_\_\_\_

Deposit taken by: \_\_\_\_\_ Position \_\_\_\_\_

*For Aquarium use only*