

PRINTABLE CONTRACT TERMS AND AGREEMENT

IMPORTANT! PLEASE READ!

By filling out, signing, and returning this contract with the required deposit, the undersigned agrees to the terms listed below.

Each standard program runs from between 45 minutes to 1 hour. Programs can be altered to suit your locations' specific needs.

Locations please provide: Two large (6 or 8 foot) "lunch room" style tables, an electrical outlet or two, and comfortable temperatures for animals (room CAN NOT be "cold").

FOR BAT SHOW ONLY: Please also provide "PowerPoint" projector and screen.

Re-scheduling: Any re-scheduling or cancellations must be done at least ONE week prior to show date. Last minute cancellations due to animal or handler health, or extreme weather, will be re-scheduled as per location's request. Sorry, no refunds!

A 50% deposit is REQUIRED to book and hold a show date. Deposit is non-refundable.

Balance of show fee is due ON OR BEFORE DATE OF SHOW.

Sorry, we do not accept P.O.'s (purchase orders).

****PLEASE MAKE CHECKS PAYABLE TO: JOSEPH V. D'ANGELI or
"THE WILDLIFE CONSERVATION CENTER"
303 MIDLAND AVENUE
GARFIELD, NJ 07026**

****Please note- Your assistance in keeping crowd/noise control is NEEDED and appreciated! PARENTS AND TEACHERS: PLEASE KEEP AN EYE ON YOUR CHILDREN! NOISE OR "OUT OF CONTROL" ATTENDEES WILL NOT BE TOLERATED. WE RESERVE THE RIGHT TO STOP AND DISCONTINUE THE SHOW IF WE FEEL THE CONDITIONS ARE ABUSIVE TO ANIMALS OR HUMANS.**

**NO REFUND WILL BE ISSUED FOR CANCELLED SHOWS DUE TO THESE CONDITIONS.
THANK YOU FOR YOUR UNDERSTANDING IN THIS MATTER.**

PLEASE CHOOSE DESIRED PROGRAM (CHECK APPROPRIATE BOX)

() "BATS, BATS, BATS!"- (Number of programs) _____

() "REPTILES EVERYWHERE"- (Number of programs) _____

() "EXPLORING RAINFORESTS"- (Number of programs) _____

() "CREATURES OF HALLOWEEN"- (Number of programs) _____

() "ASSORTED ANIMAL PROGRAM"- (Number of Programs) _____

() EVENT AT THE WILDLIFE CENTER- (# of programs/Hours) _____

YOUR location and address: _____

DATE: _____ TIME(S): _____

NUMBER OF ATTENDEES PER PROGRAM: _____ (Under 75 recommended)

AGES: _____ FEE: \$ _____ DEPOSIT SENT: \$ _____

CONTACT NAME _____ PHONE: _____

SIGNATURE FOR LOCATION: _____

NAME (PRINTED): _____ TODAYS DATE: _____