



Angelfish Program

Application for Discounted Group Admission
2022 Program

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|---|-----------------------|
| <hr/> | |
| Organization Name | Application Date |
| <hr/> | |
| Street address, City, ST, ZIP Code | Federal Tax ID Number |
| <hr/> | |
| Primary phone number Other phone number | Fax Number |
| <hr/> | |
| Group Contact Name | Email address |
| <hr/> | |
| | Title |

Type and purpose of organization:

Reason for Request:

Does your group have any accessibility or sensory support requests?

I certify that this group consists of members of an underserved community that experiences barriers to visiting under normal admission prices.

Signature _____ Date _____

Requested Date of Arrival: ____ / ____ / _____ **Arrival Time:** ____: _____ am/pm

Number of Tickets Requested (100-person maximum):

_____ Adults (13+) \$11 each _____ Children (3 – 12) \$11 each _____ Toddlers (0 – 2) Free
_____ Necessary Personal Care Assistants Free _____ SC Certified Teachers Free

Return completed application to:

Email: information@scaquarium.org

Fax: (866) 210-1059 (Attention Customer Service Center)

Mail to: South Carolina Aquarium

Attention: Customer Service Center
100 Aquarium Wharf
Charleston, SC 29401

All applicants will receive an email confirmation on the receipt of their application within 10 days. Organizations can only have one active application at a time. Notification on the status of their application will occur in the week following the application deadlines.

The South Carolina Aquarium receives a large volume of applications. We respectfully request that follow up communications be made via email only.

South Carolina Aquarium Use Only:

Received by: _____

Date Received: _____

Application Review Date: _____

Approved

Not Approved

Reviewer Comments:
