



Angelfish Program

Application for Complimentary Admission
2022 Program

Application Date

Organization Name (Or Individual if family request)

Federal Tax ID Number (If requested by organization)

Street address, City, ST, ZIP Code

Fax Number

Primary phone number | Other phone number

Email address

Contact Name

Title or relationship to family

Type and purpose of organization (if family – brief history of situation):

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 (24-person maximum):

____ Adults (13+) ____ Children (3 – 12) ____ Toddlers (0 – 2) ____ SC Certified Teachers

Return completed application to:

Email: information@scaquarium.org

Mail to: South Carolina Aquarium

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

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

South Carolina Aquarium Use Only:

Received By: _____

Date Received: _____

Approved

Not

Approved Reviewer Comments:
