



2015 CATZ Application

Organization _____

Executive Director _____

Primary Contact _____

Address _____

Phone _____

Email _____

Your Organization's Mission:

What criteria do you use to determine which clients are eligible to receive CATZ tickets?

Your 501(c) Number & Date of Filing _____

Number of CATZ Tickets Requested _____

Do you intend for your ticket recipients to attend in one or more larger groups, or do you intend to distribute your tickets to families, allowing them to choose when to attend?

Passes are intended for use by your clients and accompanying staff members only. In the event your organization is unable to use all of the allotment, please return the remaining passes to the Zoo so that we can make them available to others in need of assistance.

"By submitting this form and providing my name and initials, I agree, on behalf of my organization, to abide by the rules set forth by the Lincoln Children's Zoo regarding the distribution of CATZ tickets to my clients."

Your Name & Initials _____

Please return to:

**Kayla McElroy
Lincoln Children's Zoo
1222 S 27th St.
Lincoln, NE 68502**

For any questions please call Kayla McElroy at (402) 475-6741 x 131