



Angelfish Program

Application for Discounted Group Admission
2023 Program

<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. I understand that not all applicants will be approved for tickets. Tickets are subject to availability.

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

Mail to: South Carolina Aquarium
Attention: Customer Service Center
100 Aquarium Wharf
Charleston, SC 29401

South Carolina Aquarium Use Only:

Received by: _____

Date Received: _____

Application Review Date: _____

Approved

Not Approved

Reviewer Comments:
