



Angelfish Program

Application for Complimentary Admission
2023 Program

Application Date

Organization Name (Or Individual Name 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. I understand that not all applicantes will be approved for tickets. Tickets are subject to availability.

Signature

Date

Requested Date of Arrival: ___/___/___ Arrival Time: ___:___ am/pm

Number of Tickets Requested (24-person maximum):

___ Adults (13+) ___ Children (3 – 12) ___ Toddler (0 – 2)* ___ SC Certified Teachers*
*Not included in the 24 maximum

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: _____

Approved

Not

Approved Reviewer Comments:
