

BAILEY'S TEAM for AUTISM invites you to a very special family event...

15th Annual BAILEY'S ANIMAL ADVENTURE



Saturday
May 10, 2025

ROGER WILLIAMS PARK ZOO

1000 Elmwood Avenue - Providence, RI

Scan code
to pay
Bailey's Team
via venmo



**RAIN OR
SHINE!**

COST TO ATTEND

Bailey's Team will support the cost of each individual on the autism spectrum along with one (1) family member or caregiver (must be registered no later than May 1st)

All other guests to pay the following zoo entry fees:
\$20.00 per adult (ages 13-61)
\$14.00 per child (ages 2-12)
\$16.00 per senior (62+)
Children under 2 – **FREE!**

EVENT SCHEDULE

Please note Important details below to help prepare you for our event:

- Bailey's Animal Adventure hours: **9:00 am to 2:00 pm**
- Expanded check in time: 9:00 am to 11:00 am
- Each guest on the autism spectrum and their caregiver will receive a meal voucher (may also be used in the gift shop) provided by the Doug Flutie Jr. Foundation
- We have secured the Event Tent from 11 am to 1 pm for a quiet space to eat lunch or relax.
- All guests **MUST** register by May 1st to receive a free goody bag and meal voucher.

This event is sponsored by both Bailey's Team for Autism and The Doug Flutie, Jr. Foundation for Autism and is also supported by The Autism Project, providing assistance to families during our event.



Raising funds and awareness in support of individuals living with autism spectrum disorders and their families, with a focus on programming, education, and research.



Doug Flutie Jr.
Foundation for Autism



Name of Guest on w/ASD: _____ Name of Caregiver: _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____ Age of individual w/ASD: _____

Number of Additional Guests: (not including person with ASD or their caregiver):

Adults: (13-61) _____ (\$20.00/pp) **Children: (2-12)** _____ (\$14.00/pp) **Under 2:** _____ (FREE) **Seniors 62+:** _____ (\$16.00/pp)

Payment Enclosed: \$ _____ Check # _____ Credit Card Acct. #: _____

(Mastercard / Visa / Amex / Discover) Exp. Date: _____ Billing Zip Code: _____

PLEASE SEND THIS PORTION OF THE FORM **ALONG WITH PAYMENT** TO:
Bailey's Team for Autism, 164 Westside Avenue, North Attleboro, MA 02760

NO LATER THAN MAY 1st, 2025 – CAPACITY IS LIMITED, THEREFORE DEADLINE WILL BE STRICTLY ENFORCED!