

2012

ZOOCAMP

REGISTRATION

EDUCATION PROGRAMS REGISTRATION FORM

Mail to: Minnesota Zoo, Education Department, 13000 Zoo Boulevard, Apple Valley, MN 55124
Please complete one form per child. Photocopies are acceptable.

Parent /Guardian Name _____ Member # (for Member rate) _____

Street Address _____ City _____ State _____ Zip _____

Daytime Phone _____ Evening Phone _____ E-mail _____

Child's Name _____ Grade Next Fall _____

First Choice _____ Date/Time _____

Second Choice _____ Date/Time _____

Third Choice _____ Date/Time _____

Fourth Choice _____ Date/Time _____

TOTAL _____

Payment by: Check Money Order Visa Master Card Discover

CARD # _____ EXP DATE _____ SIGNATURE _____