



EDUCATION PROGRAM REGISTRATION FORM

PLEASE USE ONE FORM PER PERSON

Contact Name _____ Contact Phone _____ Fax Number _____

E-mail _____

Mailing address _____ City _____ State _____ Zip _____

Participant Name _____ Age _____ Grade _____ Membership # _____

T-shirt size for Zoo programs: Child's S, M or L Adult's M, L, or XL (circle choice)

Program selection(s): San Diego Zoo Wild Animal Park

<u>PROGRAM TITLE</u>	<u>1ST CHOICE DATE</u>	<u>2ND CHOICE DATE</u>	<u>EXTENDED-DAY OPTION</u> <small>(Summer Camp & Art Programs Only. Zoo Extended-Day Option Available July 9- August 17 Only)</small>	<u>FEES</u>
Example: KinderNights	May 4	May 18	A.M. / P.M. / Both	\$21
_____	_____	_____	A.M. / P.M. / Both	_____
_____	_____	_____	A.M. / P.M. / Both	_____
_____	_____	_____	A.M. / P.M. / Both	_____
_____	_____	_____	A.M. / P.M. / Both	_____
_____	_____	_____	A.M. / P.M. / Both	_____

TOTAL ENCLOSED: \$ _____
(Make check payable to Zoological Society of San Diego)

For credit card orders:

I give my permission for the Zoological Society of San Diego to charge my credit card for program fees.

VISA MasterCard Discover American Express

Credit card number _____ Exp. date _____

Cardholder's name (print) _____ Signature _____

For Zoo programs, send this form with payment to:

Zoo Education Programs
P.O.Box 120551
San Diego, CA 92112-0551
Or fax this form to: (619) 232-6823

For Wild Animal Park programs, send this form with payment to:

Wild Animal Park Education Programs
15500 San Pasqual Valley Road
Escondido, CA 92027-7017
Or fax this form to: (760) 796-5612

Exception! VIP Tours and Sleepovers call (619) 718-3000