

Program Registration Form

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

E-mail _____

✓ Yes! Sign me up for Z-mail so I can receive zoo news & announcements by e-mail!

Are you a Zoo Member? Yes No Membership # _____

Please fill in the following information to register for your program(s):

Participant Name	Age	Program Name	Program Date	Program Time	Fee

Total Fee: \$ _____

Children must meet age requirements on the day of the program. You will receive confirmation of your registration. Programs are held rain or shine. If you cancel at least 2 weeks before your program begins, you will receive a refund minus a 10% processing fee. If you cancel less than 2 weeks before your program, no refund will be issued. The zoo reserves the right to cancel programs with insufficient registration. In this event, the zoo will issue a full refund.

To register Mail to: Registration, 3411 Sherman Blvd, Fort Wayne, IN, 46808;
 Fax to: 260-427-6820; or Bring to the Zoo Office, Mon-Fri, 8am-5pm

Fort Wayne Children's Zoo
 Education Department
 education@kidszoo.org
 260-427-6808



www.kidszoo.org

Method of Payment

Check (Payable to "ZOO") Visa Master Card Discover Am Exp

Account # _____

Expiration Date _____ Security Code _____