

ZOO CLASSES 2017

7281E17

Mail-in Registration Form (One family per form. Photocopy if additional space is needed.)

Zoo Pass Number _____

Expiration Date _____

Please print all information - Increase your chances of getting into a class by including second and third choices.

1st CHILD'S INFORMATION

CLASSES	1 st Choice			2 nd Choice			3 rd Choice			FEE
	SESSION NUMBER	DATE	START TIME	SESSION NUMBER	DATE	START TIME	SESSION NUMBER	DATE	START TIME	

Child's Last Name _____

Child's First Name _____

Birth Date: ____/____/____
Month Day Year

List any allergies, medical conditions, dietary restrictions and special needs or accessibility needs. Arrangements must be made prior to registration.

Please add this child to the waiting list using email address listed below.

2nd CHILD'S INFORMATION

CLASSES	1 st Choice			2 nd Choice			3 rd Choice			FEE
	SESSION NUMBER	DATE	START TIME	SESSION NUMBER	DATE	START TIME	SESSION NUMBER	DATE	START TIME	

Child's Last Name _____

Child's First Name _____

Birth Date: ____/____/____
Month Day Year

List any allergies, medical conditions, dietary restrictions and special needs or accessibility needs. Arrangements must be made prior to registration.

Please add this child to the waiting list using email address listed below.

FAMILY CLASS

CLASSES	1 st Choice			2 nd Choice			3 rd Choice			# of Adults	# of Children	Ages of Children	FEE
	SESSION NUMBER	DATE	START TIME	SESSION NUMBER	DATE	START TIME	SESSION NUMBER	DATE	START TIME				

AUTHORIZED TO PICK UP CHILDREN

We will send your child home only with the contacts listed below:

Contact #1: _____ Phone #: _____

Contact #2: _____ Phone #: _____



A Zoological Society and Milwaukee County Zoo Partnership

No mail-in registrations processed until Aug. 8. Online registrants get priority.

Mail to:
Zoological Society
Conservation Education
10005 W. Bluemound Rd.
Milwaukee, WI 53226-4383

Office use only

Parent's Last Name _____

Parent's First Name _____

Mailing Address _____

City _____

State _____

ZIP _____

Home Phone Number _____

Cell/Work Phone Number _____

Email Address required for waiting list notification _____

Alternate Non-Emergency Contact (in the event that parent cannot be reached):

Name _____

Relationship to Child/Children _____

Phone Number _____

Payment by credit card is preferred. However, if you prefer to pay by check, enclose a **separate check** for each class requested (if applying for two classes, two separate checks are required).

Make checks payable to **Zoological Society**.

Credit Card Number (VISA or MasterCard ONLY) _____

Security Code _____
(Last 3 digits in signature area on back of credit card. REQUIRED for processing.)

Expiration Date _____

Print Card Holder's Name (as it appears on credit card) _____

Card Holder's Address (if different from parent) _____ City _____ State _____ ZIP _____