

ZOO Summer CAMPS 2018

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 camp by including second and third choices.

1st CHILD'S INFORMATION

CAMP	1 st Choice			2 nd Choice			3 rd Choice			\$6 EACH check if needed		FEE
	SESSION NUMBER	DATE	START TIME	SESSION NUMBER	DATE	START TIME	SESSION NUMBER	DATE	START TIME	AM CARE	PM CARE	



ORDER YOUR
2018 SUMMER
CAMP T-SHIRT
BEFORE
MARCH 31, 2018

\$13 Child
\$15 Adult

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

CAMP	1 st Choice			2 nd Choice			3 rd Choice			\$6 EACH check if needed		FEE
	SESSION NUMBER	DATE	START TIME	SESSION NUMBER	DATE	START TIME	SESSION NUMBER	DATE	START TIME	AM CARE	PM CARE	

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 CAMP

CAMP	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				

T-SHIRTS

Child size:	X-Small (2 - 4)	Small (6 - 8)	Medium (10 - 12)	Large (14 - 16)	Adult size:	Small	Medium	Large	X-Large
	\$13.00						\$15.00		

Price includes WI 5.6% sales tax. All t-shirt sales are final.



A Zoological Society and
Milwaukee County Zoo Partnership

No mail-in registrations processed until
Feb. 13. Online registrants get priority.

Mail to:

Zoological Society of Milwaukee County
Summer Camps
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 camp requested and for your T-shirt order (if applying for two camps and two T-shirts, three separate checks are required, etc.).

Make checks payable to **Zoological Society**.

Credit Card Number (VISA or MasterCard ONLY) _____

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

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

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