

# JACKSONVILLE ZOO AND GARDENS 2010 SUMMER ZOO CAMP REGISTRATION FORM

(Please use one form for each child enrolled.)

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Cell/Evening Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_  Please add child to waiting list using the e-mail address listed

Jacksonville Zoo Member: Yes \_\_\_\_\_ – Member #: \_\_\_\_\_ No \_\_\_\_\_

**SUMMER CAMPS (Please circle desired date(s), camp(s) and T-shirt size below:**

June 14 – 18	KinderZoo	Primary	Middler	
June 21 – 25	KinderZoo	Primary	Middler	Middler 2
June 28 – July 2	KinderZoo	Primary	Middler	Zookeeper
July 12 – 16	Primary	Middler	Zookeeper	Zookeeper 2
July 19 – 23	Primary	Middler	Middler 2	Zookeeper
July 26 – 30	Primary	Middler	Zookeeper	Zookeeper 2
August 2 – 6	Primary	Middler	Middler 2	Zookeeper
August 9 – 13	Primary	Middler	Zookeeper	Zookeeper 2

**Circle T-shirt size**    **Child**    **S**    **M**    **L**       **Adult**    **M**    **L**    **XL**

**FEES:**

Members: \_\_\_\_\_ # of Camps x \$175/week = \$ \_\_\_\_\_  
 Non-members: \_\_\_\_\_ # of Camps x \$200/week = \$ \_\_\_\_\_  
 \*Thursday Night Sleepover \_\_\_\_\_ # of Camps x \$30 = \$ \_\_\_\_\_  
 Before Care: \_\_\_\_\_ # of Weeks x \$20 = \$ \_\_\_\_\_  
 After Care: \_\_\_\_\_ # of Weeks x \$40 = \$ \_\_\_\_\_  
 Before & After Care: \_\_\_\_\_ # of weeks x \$50 = \$ \_\_\_\_\_  
 Extra T-shirt: \_\_\_\_\_ # of T-shirts x \$10 = \$ \_\_\_\_\_  
 Charging your registration? Please add a \$3 service fee = \$ \_\_\_\_\_  
**TOTAL FEE ENCLOSED: \$ \_\_\_\_\_**

\_\_\_\_\_  
 List any allergies, medical conditions, dietary restrictions, and special needs. Special needs/Accessibility needs arrangements must be made prior to registration.

I authorize emergency medical treatment for my child. I also agree to allow the Jacksonville Zoo and Gardens to use pictures/photos of my child for promotional and news purposes.

Signature: \_\_\_\_\_  
 (Your signature is required for your child to attend camp)

\*Optional Thursday night sleepover is available to 8 to 14 year olds only.

Or, please charge my: ( ) Visa ( ) MasterCard ( ) Amex ( ) Discover Card # \_\_\_\_\_

Expiration date: \_\_\_\_\_ V-Code: \_\_\_\_\_ Signature of cardholder: \_\_\_\_\_  
 (Last 3 or 4 digit code from the back of the card)

Print your name as it appears on the card: \_\_\_\_\_

Please mail form to: Jacksonville Zoo and Gardens, Education Department, 370 Zoo Parkway, Jacksonville, FL 32218  
 FAX form to 904-757-2444 or hand deliver form to the PepsiCo Foundation Education Campus