

Winter Break Camp Registration Form 2009

Camper's Name: _____ Name Goes By: _____

Female or Male: _____ Date of Birth: _____ Age: _____ Grade: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Name: _____ Email: _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

Please list a 2nd emergency contact person. Emergency Contact Name: _____

Relationship: _____ Best Number to Reach: _____

List ALL PERSONS authorized to pick up your child:

Name: _____ Name: _____

Name: _____ Name: _____

Registration Prices

Member = \$130 Non Member Pricing = \$150

Total Payment \$ _____

Payment Information

Check one: _____ Check _____ Visa _____ MasterCard _____ Discover
Check # _____ Card # _____

Billing Address: _____ Same as Above

Street Address: _____

City: _____ State: _____ Zip: _____

Brevard Zoo Winter Break Camp Registration Form 2009

Camper's Name: _____

First Aid Waiver

Please initial one: