

## Winter Art Camp Registration Form 2009

Camper's Name: \_\_\_\_\_ Name Goes By: \_\_\_\_\_

Female or Male: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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**Please list a 2<sup>nd</sup> emergency contact person.** Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Best Number to Reach: \_\_\_\_\_

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### List ALL PERSONS authorized to pick up your child:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

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### Registration Prices

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

Total Payment \$ \_\_\_\_\_

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### Payment Information

Check one: \_\_\_\_\_ Check      \_\_\_\_\_ Visa      \_\_\_\_\_ MasterCard      \_\_\_\_\_ Discover  
                    Check # \_\_\_\_\_      Card # \_\_\_\_\_

Billing Address: \_\_\_\_\_ Same as Above

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Brevard Zoo Winter Art Camp Registration Form 2009

Camper's Name: \_\_\_\_\_

### First Aid Waiver

Please initial one: