

Seneca Park ZooCamp Registration Form 2010

Information about your child

Child's Name: _____

Date of Birth: _____ Grade to be completed in June 2010: _____

Parents' Names: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ — _____ Cell phone: () _____ — _____

Emergency Phone: () _____ — _____ E-mail: _____

Are you a Zoo member? Yes No If yes, please write your Membership #: _____

Camp T-shirt order (Please circle shirt size) **Child** S M L **Adult** S M L XL

Camp Information

Half Day: 9 a.m. to Noon: \$100 for members • \$115 for non-members per week

Full Day: 9 a.m. to 4 p.m.: \$175 for members • \$190 for non-members per week

	Camp age group	Theme	Date	Full or Half Day	Before Care	After Care	Cost
1.				Full or Half	Y or N	Y or N	\$
2.				Full or Half	Y or N	Y or N	\$
3.				Full or Half	Y or N	Y or N	\$
4.				Full or Half	Y or N	Y or N	\$
5.				Full or Half	Y or N	Y or N	\$

Payment Information

Total

\$

Check: Please make payable to Seneca Park Zoo Society. Check #: _____

Charge: Please circle one: VISA MC DISC AMEX

Card #: _____ Exp. Date: _____ VIN #: _____

Signature of card holder: _____