

2009 EDUCATION CLASSES REGISTRATION FORM

Please print clearly. Mail completed form to:
Columbus Zoo and Aquarium
P.O. Box 400, Powell, Ohio 43065

ONLY ONE FAMILY PER FORM

How did you hear about our programs?	
<input type="checkbox"/> Beasty Banner	<input type="checkbox"/> Repeat Student
<input type="checkbox"/> Web site	<input type="checkbox"/> Other (specify)
<input type="checkbox"/> Friend	_____

FAMILY INFO:

Parent/Guardian: _____ (last name) _____ (first name)

Address: _____

City: _____ State: _____ Zip: _____

Telephone: Home #: _____ Alternate #: _____

Circle one: Member Non-member

FIRST PARTICIPANT INFO:

Name: _____ Birthdate: _____ M __ F

Allergies/Special Needs: _____ Fall Grade _____
 (For summer experience)

T-shirt size: (circle one) Child: S (6-8) M (10-12) L (14-16) Adult: S M L XL

Program Codes (please list in order of preference):

1st choice	2nd choice	3rd choice	Friend

SECOND PARTICIPANT INFO:

Name: _____ Birthdate: _____ M __ F

Allergies/Special Needs: _____ Fall Grade _____
 (For summer experience)

T-shirt size: (circle one) Child: S (6-8) M (10-12) L (14-16) Adult: S M L XL

Program Codes (please list in order of preference):

1st choice	2nd choice	3rd choice	Friend

Please attach any additional participants to this registration form.

PAYMENT INFO:

Total for all programs: \$ _____

If payment is made by person other than parent, indicate name and phone #: _____

Total amount enclosed: \$ _____ Form of payment: __Check __Money Order __MC __Visa __Disc.

Credit Card No.: _____ Exp. Date: _____

Printed Name (as it appears on card): _____

Signature of Cardholder: _____

Completed forms should be mailed to: Columbus Zoo Education Department; P.O. Box 400; Powell, OH 43065 – 0400