

# 2011 Buffalo Zoo Spring Camp Registration Form *(Please Print)*

Name of Parent/  
Guardian: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_  
Work Phone #: \_\_\_\_\_  
e-mail address: \_\_\_\_\_

(Please print child's name/birth date)

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

I am registering my child(ren) for the following days  
(Please circle the date)

Monday, April 18  
(Happenin' Hooves)

Tuesday, April 19  
(Birds of a Feather)

Wednesday, April 20  
(H2O Adventure)

Thursday, April 21  
(Can You Dig It?)

Friday, April 22  
(Earth Day Party!)

If your camper attended camp in 2010, then we have your child's Birth Certificate on file. If not, please include a copy with this registration sheet.

Non-member       Member #: \_\_\_\_\_

**Total \$:** \_\_\_\_\_

Cash     Check     Mastercard     Visa     Discover

Card #:

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Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

This must be completed and signed by parent or legal guardian  
**EMERGENCY INFORMATION - In case of an emergency CONTACT:**

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

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Please list any special health conditions to be watched for such as allergies, reactions to drugs, etc.

\_\_\_\_\_

Please read carefully and sign: In case of emergency or illness (when parent cannot be reached), I hereby give my permission to the Buffalo Zoo to secure treatment for my child (children).

Parent Signature: \_\_\_\_\_