

Program Source: News Ad ___ Flyer ___ Friends ___ Toucan Talk ___ Other ___

Zoological Society of Florida - Miami Metrozoo Program Registration Form

Please fill out complete form

Full Name of Child(ren): _____ Age _____

Name of adult attending: _____ Age _____

Parent/Guardian's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Additonal Phone: _____

ZSF Membership #: _____ I'm Not a Member _____

Send confirmation to:

E-MAIL: _____ Fax: _____

Photo release:

I, _____, give permission to the Zoological Society of Florida to use audio/visuals and photos taken of my child(ren) and I during Zoo programs to promote the Zoo's educational programs.

Date: _____

Signature of Parent/Guardian _____

For office use:

Confirmation sent on: _____

Date processed: _____

Confirmation sent by: _____

Authorization: _____

Pre-registration with payment is required.

For more information call (305) 255-5551.

Mail registration form with payment to Zoological Society of Florida - Education Department, 12400 S.W. 152nd St., Miami, Fl. 33177-1499

OR send by fax to (305) 255-7126. E-mail: carolt@zsf.org. Cancellation fee is \$5 pp. before February 23rd. No credits, refunds or transfers after that date.



Program: **YOUNG ARTIST SERIES**

Theme: **Wonderful Mosaics**

Art Grows from Nature

Date: **Saturday, February 27, 2010**

Time: **10:00 AM to 12:00 PM**

Cost: **Members \$19 per child
Non-members \$22 per child**

The program is for children
5 to 8 yeas of age.

Total # person(s) attending: _____

Total Amount Due: \$ _____

Enrollment deadline is February 23rd.
Registration will close earlier if program is filled.

Payment Information

Date Paid: _____

Amount Paid: _____

Check #: _____

Credit: Visa: _____ Mastercard: _____ Amex: _____

Credit Card #: _____

Expiration Date: _____