

WILDWOOD WILDLIFE PARK ZOO & SAFARI 2019 SUMMER ZOO CAMP

2019 SUMMER ZOO CAMP REGISTRATION FORM

All blanks required to be completed

Dates: June 17th – 20th, 2019 (4 day camp) • June 24th – 27th, 2019 (4 day camp)

Parent/Guardian's Name(s): _____

Current Wildwood Wildlife Park Zoo Member (If applicable): _____

Phone: Please Circle your preference.

Work: _____ Home: _____ Cell: _____

Other people who may pick-up your child (s): 1 _____

2 _____

3 _____



Camper's Name

Age

Birth Date

1. _____ / _____ / _____

2. _____ / _____ / _____

3. _____ / _____ / _____

Address: _____

City, State, and Zip: _____

Email: _____

How would you like to receive your confirmation letter? Email or Postal Mail

Emergency Information

Allergies: _____

Medical Conditions: _____

Medications: _____

Note: Children on medication need to be self-medicating. The zoo is not responsible for dispensing or storing medications.

Additional Emergency Contacts:

Name: _____ Relationship: _____

Phone: _____

ZOO CAMP T-SHIRT

Campers are required to wear their shirts at all times during camp and will receive one free t-shirt with registration. Please indicate your requested size(s) below.

Child's XS (4-6) _____ M (10-12) _____
S (6-8) _____ L (14-16) _____

Additional T-Shirts are available for \$12 each.

Camper's Name (s): _____

Check the week your child or children will attend. Full payment is required at time of registration to reserve a space for your camper.

Cancellation & Refund Policy:

Cancellation made more than 3 weeks prior to the start of the camp session will receive a refund of 75% of the program fee. No refunds for less than 3 weeks prior to the camp session. Refunds will not be issued for no-shows for any camp program regardless of cause.

DATES

June 17th – 20th, 2019 (4 day camp) # of Camper(s) _____

June 24th – 27th, 2019 (4 day camp) # of Camper(s) _____



CAMP FEE SUMMARY

\$250.00; Nonmembers: \$ _____

\$225.00; Current Wildwood Wildlife Park Zoo Member: \$ _____

ADD-ON

\$20.00 Lunch Meal Plan (4 days) \$ _____

\$10.00 Per Water Bottle \$ _____

\$12.00 Extra Per T-shirt (s) \$ _____

Total Enclosed \$ _____

This form does not auto-calculate.

Enclose a check payable to Wildwood Wildlife Park or use MC/Visa

MC/Visa#: _____ Exp. Date: _____ 3 digit verification code: _____

Signature: _____

In the event of an emergency, I hereby authorize Wildwood Wildlife Park Zoo & Safari and its staff to obtain medical care for my child.

Parent/Guardian Signature(s): _____

Submit completed form: fax to 715-358-3688, or email to nature@wildwoodwildlifepark.com, or mail to Zoo Camp, 10094 Hwy 70 West Minocqua, WI 54548