2021 ZOO CAMP REGISTRATION FORM

PLEASE FILL OUT) FORM PER CHILD

<u>Camper's Name:</u>		
<u>Age:</u>	<u>Birth date:</u>	
<u>Parent/ Guardian's Name:</u>		
Parent/ Guardian's Name:		
Current Wildwood Wildlife Park Zoo Member (If applicable):		
Address:		
<u>City, State, Zip:</u>		
Phone Number:	Work phone number:	
Cell Phone Number:	<u>Email:</u>	
<u>Other People Who may pick-up your child (s):</u> <u>1.)</u>		
<u>2.)</u>		
<u>3.)</u>		
How would you like to receive your confirmation letter:		
E-MailPost	cal Mail	

Emergency	<u>/ Information:</u>

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:

	-	
<u>Name:</u>	Phone Number	<u>Relationship:</u>

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Zoo Camp T-Shirt

Campers are required to wear their shirts at all times during camp, they will receive one free t-shirt with registration.

<u>Please indicate your requested size below.</u>

Child's

XS (4-6) _____ S (6-8) _____

М (10-12) _____

L (14-16) _____

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

<u>Camper's Name:</u>

Check the week your child 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:

August 9 th -12 th 2021 (4 day camp) 4 -7 Year	August 16 th -19 th 2021 (4 day camp) 8-10
olds	year olds

<u>Camp Fee Summary:</u>

\$260.00; Nonmembers	\$
\$230.00; Current Wildu	vood Wildlife Park Zoo Member \$
Full payment is required	I to save campers spot along with all signed waivers. Cash or check
are accepted!	
Add-on:	
\$25.00 Lunch Meal Plan	1 (4 days) \$
\$10.00 Per Water Bottle	e: \$
\$12.00 Per Extra T-Shir	t: \$
Enclose a check payabl	le to: Wildwood Wildlife Park or use MC/Visa
MC/Visa #:	
Exp. Date:	3 Digit code on back:
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 Name:	<u>Parent/Guardian Signature</u>

Zoo Camp Forms must be completed and sent back by fax or email to secure your spot!

Education@wildwoodwildlifepark.com or Fax: 715-358-3688 <u>We accept check, cash or credit card</u> Or Mail to Zoo Camp: 10094 Hwy 70 West Minocqua, WI 54548 For More information contact Kimberlyn Domaszek (715)356 5588 * Email: eduation@wildwoodwildlifepark.com