2027 Zoo Camp Registration Form

(CAMP GROUP:TRAILBLAZERS 6-8 year olds)

Please fill out 1 form per child

Camper's Name:	
Age:	Birth date:
Parent/ Guardian's Name:	
Parent/ Guardian's Name:	
Current Wildwood Wildlife Park Zoo Member (If applicable):	
Address:	
City, State, Zip:	
Phone Number:	Work phone number:
Cell Phone Number:	Email:

Other People Who may pick-up your child (s):

1.)

2.)

3.)

How would you like to receive your confirmation letter:

_____ E-Mail _____ 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:	Phone Number	Relationship:

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.

Please indicate your requested size below.

Child's XS (4-6) _____

S (6-8) _____

M (10-12) _____

L (14-16) _____

**Additional T-Shirts are available for $15 each

Camper's Name: _____

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:

June 14th-17th, 2027 (Trailblazers: 4 day camp) **6-8 Year olds (9AM-3PM)**

Camp Fee Summary:

$450.00; Nonmembers $_____

$425.00; Current Wildwood Wildlife Park Zoo Member $_____

Full payment is required to save campers spot along with all signed waivers. Cash or check are accepted!

Add-on:

$50.00 Lunch Meal Plan (4 days) $_____

$10.00 Per Water Bottle: $_____

$15.00 Per Extra T-Shirt: $_____

Enclose a check payable to: Wildwood Wildlife Park or use MC/Visa: **(We have a 4% surcharge to run cards)**

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:	Parent/Guardian Signature

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 We accept check, cash or credit card

Or Mail to Zoo Camp:
10094 Hwy 70 West
Minocqua, WI 54548

For More information contact Kimberlyn Domaszek (715)356 5588 * Email: education@wildwoodwildlifepark.com