# 2027 Zoo Camp Registration Form

**(CAMP GROUP: RANGERS 9-10 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 21st- 24th, 2027 (Rangers: 4 day camp) **9-10 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**