

### Education Programs Registration Form

Please complete one form per class, per child. Photocopies are acceptable. Mail to Education, Minnesota Zoo, 13000 Zoo Boulevard, Apple Valley, MN 55124

Child's Name	First Choice	Date/Time
Grade Next Fall/Age	Second Choice	Date/Time
Parent/Guardian Name	Third Choice	Date/Time
Member # (for member rate)	Fourth Choice	Date/Time
Street Address	City	State                  Zip
Home Phone	Work Phone	E-Mail
Payment by: <input type="radio"/> Check <input type="radio"/> Visa <input type="radio"/> Master Card <input type="radio"/> AmEx <input type="radio"/> Discover		Total Fee

Card #: \_\_\_\_\_ Exp.: \_\_\_\_\_ Signature \_\_\_\_\_