

REGISTRATION FORM

Where in the World!?!

Complete the form and fax, e-mail or mail it back to us along with your payment.

If mailing, send to: Mill Mountain Zoo, P.O. Box 8159, Roanoke, VA 24014.

Fax: 540-343-8111. Payment must be in full. No refunds will be given unless program is canceled by Zoo.

Again, no phone registrations will be accepted.

Lead Parent or Caregiver's Name _____

Home Phone _____ Cell/Work Phone _____

Address (street, city and zip) _____

E-mail address _____

Cost per child is \$15 (minimum of 8 required for program)

Number of Children _____ x \$15= _____

Adults Coming to Zoo are \$5

Number of Adults _____ x \$5= _____

Total payment \$ _____

Method of payment: Check (Enclosed to Mill Mountain Zoo)
 Visa, MasterCard, Discover (circle one)

Card Number _____ Expiration Date _____

Cardholder's Name _____ 3 Digit Sec. Code _____

Signature _____

Mill Mountain Zoo, Education Department

Bambi Godkin

education@mmzoo.org

540/343-3241 ext. 23