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Zoological Society of Florida - Miami Metrozoo Program Registration Form

Please fill out complete form

*Full Name of Member(s): _____ Age _____

*Name of Members _____ Age _____

*Parent/Guardian's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Additional Phone: _____

ZSF Membership #: _____ Expiration date: _____

Send confirmation to:

E-MAIL: _____ **Fax:** _____

Photo release:

I, _____, give permission to the
Zoological Society of Florida to use audio/visuals and photos taken
during Zoo programs to promote the Zoo's educational programs.

Date: _____

Signature of Participant _____

For office use:

Confirmation sent on: _____

Date processed: _____

Confirmation sent by: _____

Authorization: _____

Pre-registration with payment is required.

For more information call (305) 255-5551. Mail registration form with
payment to Zoological Society of Florida - Education Department,
12400 S.W. 152nd St., Miami, Fl. 33177-1499 - **OR** fax to (305) 255-7126.
Sorry, no credits or refunds.



MEMBER PROGRAM FOR ADULTS

BIRD WATCHING AT THE ZOO*

Date: Saturday, April 10th, 2010

Time: 9:30 AM - 11:30 AM

Cost: \$10 per person for members

*Members only program

of person(s) attending _____

Total Amount Due \$ _____

Payment Information

Date Paid: _____

Amount Paid: _____

Check #: _____

Credit: Visa: _____ MC: _____ Discover: _____ Amex: _____

Credit Card #: _____

Expiration Date: _____