



General Audience Program Registration

Registration is on a first come, first serve basis. Registration for the Zoo Camp begins on January 4, 2010; for Spring programs on March 1, 2010; and for Fall/Winter programs on September 2, 2009.

- **Please fill out the section below and mail to:**

**Central Park Zoo Education
830 Fifth Avenue
New York, NY 10065.**

- Courses are held rain, snow, or shine.
- Zoo Parking is not available. Parking is available at local garages.
- **There will be no refunds for withdrawals from programs made less than four weeks prior to the course date.** All cancelation requests must be made in writing either by email (cpzregistration@wcs.org) or fax (212-988-0286). Due to administrative costs, a 50% refund will be provided upon receipt of a written cancellation if received 4 weeks in advance. There will be a \$15 per person service charge for each change made to the original registration. Requests for changes to your registration cannot be made less than four weeks prior to the scheduled date of the program.
- All returned checks will incur a \$35 returned check fee.
- We reserve the right to cancel a program due to insufficient registration. A full refund will be made.
- You will receive an electronic confirmation once your registration and payment have been received. This confirmation serves as your receipt and should be brought to the program.
- **Questions regarding registration or programs, please call (212) 439-6583, option 4.**

Parent Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Home phone # _____ Business or Cell # _____

WCS Membership # _____

If you are interested in receiving program fee discounts by becoming a member of the Wildlife Conservation Society, please visit: <http://www.bronxzoo.com/become-a-member.aspx>

Program Selection

Program #1 FIRST CHOICE

PROGRAM DATE _____ PROGRAM NAME _____

PROGRAM COST _____ CHILD'S NAME/ AGE _____

Program #1 SECOND CHOICE

PROGRAM DATE _____ PROGRAM NAME _____

PROGRAM COST _____ CHILD'S NAME/ AGE _____

Program #2 FIRST CHOICE

PROGRAM DATE _____ PROGRAM NAME _____

PROGRAM COST _____ CHILD'S NAME/ AGE _____

Program #2 SECOND CHOICE

PROGRAM DATE _____ PROGRAM NAME _____

PROGRAM COST _____ CHILD'S NAME/ AGE _____

Program #3 FIRST CHOICE

PROGRAM DATE _____ PROGRAM NAME _____

PROGRAM COST _____ CHILD'S NAME/ AGE _____

Program #3 SECOND CHOICE

PROGRAM DATE _____ PROGRAM NAME _____

PROGRAM COST _____ CHILD'S NAME/ AGE _____

Please print this page and send in along with payment for each child you want to register.

METHOD OF PAYMENT CHECK AMEX VISA MC DISCOVER

Total Amount Due: _____

Credit Card # _____ Exp. Date _____

Name on Credit Card _____