



CALDWELL  
— ZOO —

Registration Form

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Parent(s) Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell or Work Phone \_\_\_\_\_

Email address \_\_\_\_\_

Allergies or limitations? \_\_\_\_\_

Zoo Member? Yes No Child's Membership Number \_\_\_\_\_

Class Title \_\_\_\_\_ Date \_\_\_\_\_ Fee \_\_\_\_\_

Class Title \_\_\_\_\_ Date \_\_\_\_\_ Fee \_\_\_\_\_

Class Title \_\_\_\_\_ Date \_\_\_\_\_ Fee \_\_\_\_\_

Class Title \_\_\_\_\_ Date \_\_\_\_\_ Fee \_\_\_\_\_

Checks payable to Caldwell Zoo  
Mail to Caldwell Zoo, P. O. Box 4785, Tyler, TX 75712