

# 2019 Racine Zoo Great American Family Campout

## Group Registration Form

(Please circle date)

**June 28-29, July 26-27, August 23-24**

\* Please complete a **one form per group** and be sure to complete one release form for **each** participant

\* All payments are non-refundable.

\* All participants must be at least 6 years of age.

\* All registrations must be received no later than the Wednesday prior to the event by 5:00pm.

\* Questions about registration can be directed to the Education Department at 262-636-9580 or [education@racinezoo.org](mailto:education@racinezoo.org).

Contact Person's Name: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

### Tent Accommodations

Are you bringing your own tents? \_\_\_\_\_

If so what is the tent size? \_\_\_\_\_

### Request to rent a Racine Zoo tent

4 person (\$25) #: \_\_\_\_\_  8 person (\$25) #: \_\_\_\_\_

\*Limited tents available on a first-come, first-serve basis. You will receive an email confirmation regarding your tent request.

### Group Reservations (15 or more children)

Group Type: \_\_\_\_\_

Troop/Pack # (if applicable): \_\_\_\_\_

# Kids: \_\_\_\_\_ # Adults: \_\_\_\_\_

Are you requesting to be with another group? \_\_\_\_\_

Group's Contact Person: \_\_\_\_\_

### Group Members Attending and pizza choice:

	Pepperoni	Cheese		Pepperoni	Cheese
• _____	<input type="checkbox"/>	<input type="checkbox"/>	• _____	<input type="checkbox"/>	<input type="checkbox"/>
• _____	<input type="checkbox"/>	<input type="checkbox"/>	• _____	<input type="checkbox"/>	<input type="checkbox"/>
• _____	<input type="checkbox"/>	<input type="checkbox"/>	• _____	<input type="checkbox"/>	<input type="checkbox"/>
• _____	<input type="checkbox"/>	<input type="checkbox"/>	• _____	<input type="checkbox"/>	<input type="checkbox"/>
• _____	<input type="checkbox"/>	<input type="checkbox"/>	• _____	<input type="checkbox"/>	<input type="checkbox"/>
• _____	<input type="checkbox"/>	<input type="checkbox"/>	• _____	<input type="checkbox"/>	<input type="checkbox"/>
• _____	<input type="checkbox"/>	<input type="checkbox"/>	• _____	<input type="checkbox"/>	<input type="checkbox"/>
• _____	<input type="checkbox"/>	<input type="checkbox"/>	• _____	<input type="checkbox"/>	<input type="checkbox"/>

### Program Fees

**\*a non-refundable deposit of 50% of your group's balance is due upon registration**

\$55/child      \$55/adult

Add Behind-the-Scenes of the Land of the Giants (+\$15/person) for \_\_\_\_\_ people

I am enclosing the non-refundable program deposit as a check made payable to the Racine Zoo.

Please charge the non-refundable program deposit to my (please circle): Visa    MasterCard    Discover

Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Signature: \_\_\_\_\_

### For Office Use Only:

Group Assignment: \_\_\_\_\_

Total balance due: (# children \_\_\_\_\_ X fee \$ \_\_\_\_\_) + (# adults \_\_\_\_\_ X fee \$ \_\_\_\_\_) = \$ \_\_\_\_\_

Notes: \_\_\_\_\_

## Medical and Release Forms

Please fill out for each group member attending

**Guest Name:** \_\_\_\_\_ **Date of Birth (if under 18):** \_\_\_\_\_

Please provide any information on medical conditions, health problems, or medications that the staff should know in advance to best accommodate the needs of your family. (If none, please write none)

Allergies: \_\_\_\_\_

Physical/Mental Disabilities: \_\_\_\_\_

Prescribed Medications: \_\_\_\_\_

Health Restrictions or Developmental Conditions: \_\_\_\_\_

I hereby give my consent for emergency medical care or treatment of myself/my child, to be used only if I am unable to respond or cannot be reached immediately. I give permission to the Racine Zoo to use photos taken during the event for public relations purposes. I understand that all payments are non-refundable unless the event is canceled by the zoo.

\_\_\_\_\_  
Signature of Guest or Parent/Guardian

\_\_\_\_\_  
Date Signed

**Guest Name:** \_\_\_\_\_ **Date of Birth (if under 18):** \_\_\_\_\_

Please provide any information on medical conditions, health problems, or medications that the staff should know in advance to best accommodate the needs of your family. (If none, please write none)

Allergies: \_\_\_\_\_

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