

ZooQuest for Families Team Registration Form

REGISTRATION POLICIES: Registrations must be received at least two weeks prior to the program date. Registration forms can be mailed to the address below or dropped off at the Education Department, Monday-Friday, 8 a.m.-5 p.m. (no facsimiles, email, or phone registrations accepted). **TEAM INFORMATION:** ZooQuest teams must consist of at least one, but no more than two adults, and at least one, but no more than three children (maximum of 5 people per team). Children must be between 2nd and 6th grade. The adult(s) must be the legal parent or guardian of the child(ren) participating in the program. When you register, the names, birthdates, emergency contact information for each team member must be provided. Each adult team member must sign the Terms & Conditions section for themselves as well as their child(ren). **PARKING:** Options include the Zoo's parking lots for a fee (Zoo Friends members can use their parking benefits) or free street parking throughout Forest Park. **PAYMENT:** Complete payment is required at the time of registration. Credit cards and checks are accepted. Preferred payment is by credit and debit cards. All checks received for program registration will be endorsed and deposited upon receipt. However, for those programs that are sold out, checks will be returned. Please note: A deposited check does not guarantee that you have been enrolled in the program or that your registration is complete. **CANCELLATIONS:** A refund less an \$8 processing fee will be issued if your entire team cancels at least two weeks prior to the day of the program. We are unable to give any refunds after the two-week deadline. We reserve the right to cancel the program due to low enrollment (full refund will be issued). **CONFIRMATIONS:** After your registration is processed, a Registration Report will be sent to the email address provided unless you indicate you would like it to be mailed. For more information, please call (314) 646-4544.

ZooQuest for Families Team Information					
Required	<input type="checkbox"/> I am a Zoo Friends Association (ZFA) Member and can take advantage of the discounted registration fee. Member number: _____				
	Team Leader (adult)	Name		Birthdate	
		Address	City	State	Zip
		Home Phone	Work Phone	Cell Phone	
		E-Mail		<input type="checkbox"/> Please mail Registration Report <i>Your e-mail address may be used to send you information about your Saint Louis Zoo education program. Please check here _____ if you would also like to receive occasional e-mail updates, news and information about other Zoo opportunities. We will not sell, trade, or exchange your e-mail address with any third parties.</i>	
		Emergency Contact Name & Phone Number			
Team Member #2 (child)	Name		Birthdate	Grade (Fall 2009):	
	E-mail		Phone		
	Emergency Contact Name & Phone Number				
Team Member #3	Name		Birthdate	Grade (Fall 2009):	
	E-mail		Phone		
	Emergency Contact Name & Phone Number				
Team Member #4	Name		Birthdate	Grade (Fall 2009):	
	E-mail		Phone		
	Emergency Contact Name & Phone Number				
Team Member #5	Name		Birthdate	Grade (Fall 2009):	
	E-mail		Phone		
	Emergency Contact Name & Phone Number				
Team Name (optional)					
Terms & Conditions					
each adult team member is required to sign for themselves as well as their child(ren)					
CLAIMS RELEASE					
I recognize and acknowledge the risk existing as participant(s) in a Saint Louis Zoo program or activity. I fully and unconditionally release the Saint Louis Zoo, all associates and/or assigns from any and all claims for personal injury and/or property damage. I voluntarily declare this release to be my full acknowledgement to relinquish all rights for any and all injury and/or property damage resulting from participation in Zoo programs or activities. Photos taken by the Saint Louis Zoo staff during any program or activity are property of the Zoo and may be used for public relations purposes related to the Zoo.					
Team Leader	Signature of Parent/Guardian/Adult Participant			Date	
Team Member #2	Signature of Parent/Guardian/Adult Participant			Date	
Team Member #3	Signature of Parent/Guardian/Adult Participant			Date	
Team Member #4	Signature of Parent/Guardian/Adult Participant			Date	
Team Member #5	Signature of Parent/Guardian/Adult Participant			Date	
Payment - Fee per Team					
Check one: <input type="checkbox"/> \$40 ZFA Members <input type="checkbox"/> \$45 General Public					
CHECK – Payable to "Saint Louis Zoo Ed Dept"					
CREDIT CARD <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express					
Account Number: _____ Expiration Date: _____					
Cardholder Name: _____ Cardholder Signature: _____					

Mail to: Saint Louis Zoo, Attn: Finance Department, One Government Drive, St. Louis, MO, 63110