



Cub Club Registration- FALL 2008



Please complete the following form, include payment and register by:

1. FAX: (716) 834-1106

2. MAIL: Buffalo Zoo - Education

(credit card payment only)

OR

300 Parkside Avenue

Buffalo, NY 14214

(check, money order or credit card payment)

Child's Name First and Last	Date of Birth MM/DD/YYYY	Wednesdays 10:15-11:15 <u>OR</u> Please circle the dates attending	Wednesdays 11:30-12:30 <u>OR</u> Please circle the dates attending	Thursdays 10:15-11:15 Please circle the dates attending
		Sept. 10 Oct. 15 Nov. 19 Sept. 17 Oct. 22 Dec. 3 Sept. 24 Oct. 29 Dec. 10 Oct. 1 Nov. 5 Oct. 8 Nov. 12	Sept. 10 Oct. 15 Nov. 19 Sept. 17 Oct. 22 Dec. 3 Sept. 24 Oct. 29 Dec. 10 Oct. 1 Nov. 5 Oct. 8 Nov. 12	Sept. 11 Oct. 16 Nov. 20 Sept. 18 Oct. 23 Dec. 4 Sept. 25 Oct. 30 Dec. 11 Oct. 2 Nov. 6 Oct. 9 Nov. 13
		Sept. 10 Oct. 15 Nov. 19 Sept. 17 Oct. 22 Dec. 3 Sept. 24 Oct. 29 Dec. 10 Oct. 1 Nov. 5 Oct. 8 Nov. 12	Sept. 10 Oct. 15 Nov. 19 Sept. 17 Oct. 22 Dec. 3 Sept. 24 Oct. 29 Dec. 10 Oct. 1 Nov. 5 Oct. 8 Nov. 12	Sept. 11 Oct. 16 Nov. 20 Sept. 18 Oct. 23 Dec. 4 Sept. 25 Oct. 30 Dec. 11 Oct. 2 Nov. 6 Oct. 9 Nov. 13

Please Note: Registration must be for Wednesday or Thursday ONLY—switching of days or times will not be allowed due to the limited number of openings per time slot.

PARTICIPANT(S) INFORMATION

Member? y/n _____ Member ID _____

Parent/Guardian Name: _____
(first name)

_____ (last name)

Mailing Address: _____
(Street & Apt. #)

Phone Number: _____ (daytime)

_____ (City, State & Zip)

_____ (evening)

MEDICAL & EMERGENCY INFORMATION

In case of emergency contact (please choose someone other than the person bringing the child(ren)):

Emergency Contact: _____

Relationship _____

Phone Number: _____ (daytime)

_____ (cellular)

Doctor's Name: _____

Phone Number: _____

Special Needs/Allergy: _____
(Child's Name)

_____ (Child's Name)

CUB CLUB FEES: \$5/child/session + adult admission. Payment required in advance

of Children X # of sessions X \$5 fee + adult admission

(Adult admission of \$8.50 required in advance for non-members) = TOTAL:

Please note: Class size is limited to 20 children. Registrations are accepted on a first come-first served basis. In the event that your chosen session(s) is/are full at the time we receive your registration form, we will either return your payment or refund the portion of your payment to cover those sessions that are full. No refunds will be issued if your child is absent for a session.

Payment

• Personal check # _____

• Money order

Please make payable to the Buffalo Zoo

• Visa • MasterCard • Discover

Card Number

Exp. Date _____

Signature

For office Use: _____