



TWILIGHT SAFARIS REGISTRATION FORM

Contact Name _____ E-mail address _____

Address _____ City _____ State _____ Zip _____

Troop # (if applicable) _____

Telephone: (day) _____ (evening) _____ (cell) _____

Check one: 8-10 yrs. 11-13 yrs.

Date Preferred: 1st choice _____ 2nd choice _____ 3rd choice _____

Total number of children: _____ x \$20 = \$ _____

Number of chaperones: _____ x \$20 = \$ _____

Total = \$ _____

PLEASE READ "CHAPERONE REQUIREMENTS" SECTION

How did you hear about this program?

- I saw information on the Dallas Zoo website
- I received a brochure from the Dallas Zoo
- I saw information in the Boy Scouts Circle 10 Council publication
- I saw information in the Girls Scout TIPS booklet
- I heard about it from a friend
- I have participated in the past
- Other (please list) _____

PAYMENT – Check one (ONE PAYMENT PER GROUP):

Check* TX DL# required _____

*In the event your check is returned unpaid for insufficient or uncollected funds, we may re-present your check electronically.

Credit Card (select one)

Visa MasterCard American Express Discover

Card Number _____ Expiration Date ____/____

*If any of your participants have medical conditions of which we should be aware, please attach such information with your registration form or provide it at least 2 weeks prior to your scheduled date.