

2024 Racine Zoo Slumber Safari

- * Please complete **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. Guests under 6 may be admitted with special permission, but may not be able to participate in all activities.
- * All registrations must be received no later than the Monday 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.

Please circle the Slumber Safari your group plans to attend:

Sat. June 29 - Sun. June 30: Noises of the Night

Sat. Aug. 23 – Sun. Aug. 24: Twilight Travelers

Sat. July 26 – Sun. July 27: Giants Under the Moonlight

Sat. Sept. 14 – Sun. Sept. 15: Whoooo's Awake at Night?

Contact Person's Name: _____

Home Telephone: _____ Cell Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

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

Booking for a specific group? Fill out this section!

Group Type (e.g., Scouts, church, reunion, etc.): _____

Troop/Pack # (if applicable): _____

Kids: _____ # Adults: _____

Group Members Attending (include age if under 18) 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**

\$70/child \$70/adult \$63/person member price: Member number _____

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: (# of children and adults _____ × participant fee) + (# of tents ___ × fee \$25.00)= \$ _____

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)

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