

Registration Form for Close Encounters

Forms may be faxed to the Education Department at (757) 625-1061 or mailed to:
Education Department, VZS, 3500 Granby Street, Norfolk VA 23504

Name of School or
Organization: _____
Contact Name: _____

Address: _____

City/State/Zip: _____

Day Phone: _____ Cell Phone _____
Email (for program confirmation): _____

Please list dates and times in order of your preference.

Program Date: 1st Preference _____ 2nd Preference _____ 3rd Preference _____

Program Time: 1st Preference _____ 2nd Preference _____ 3rd Preference _____

Program Theme (Choose One):

- | | |
|--|--|
| <input type="checkbox"/> Hatching, Birth & Parental Care | <input type="checkbox"/> Physical Adaptations & Behavior |
| <input type="checkbox"/> Diverse Habitats | <input type="checkbox"/> Interactions in Communities |
| <input type="checkbox"/> Animals through the Seasons | <input type="checkbox"/> What Makes a Mammal (etc.) a Mammal (etc.)? |

Age of children/students attending: _____ Grade: _____

Number of children/students attending: _____ (Please pay careful attention to the maximum number of participants allowed for any one presentation of the program)

Please list any special accommodations needed:

Your program can be considered confirmed upon receipt of a confirming email or fax from the Education Department. Please call to make sure we have received your reservation if you do not receive a prompt confirmation.

Payment for your program(s) is due prior to or at the time scheduled. Your check should be made payable to Virginia Zoological Society.

I have read and agreed to the above concerning directions, confirmation, and payment.
Signature of responsible party: _____

Title: _____ Date: _____