

# Veterinarian Adventures – Registration Form

- ➔ Register early. Call (417) 833-1570 to see if space is available in the session you prefer before mailing your registration.
- ➔ No registrations will be taken by phone.
- ➔ If your child has a disability and requires accommodations to participate in Veterinarian Adventures, please contact the zoo office at least one week prior to the start of the session to discuss the accommodations needed.
- ➔ Send a separate registration form (photocopies are fine) for each child.
- ➔ Confirmations are only sent if your child is placed in the second-choice date. To receive a confirmation regardless of date, send a self-addressed, stamped envelope or include your e-mail address on your registration form.
- ➔ Please indicate on the registration form if you are willing to attend a second-choice date should your first choice be unavailable.

- ➔ Make checks payable to Friends of the Zoo.
- ➔ Send your registration form and payment to:  
 Friends of the Zoo  
 Veterinarian Adventures  
 3043 North Fort Ave.  
 Springfield MO 65803  
 Or, FAX your registration with credit card information to (417)833-4459.
- ➔ To receive a receipt for fees paid by credit card, please send a self-addressed, stamped envelope.
- ➔ Refunds are issued only if the program is filled or canceled or if there is an emergency.
- ➔ Questions? Call (417)833-1570 or email [info@dickersonparkzoo.org](mailto:info@dickersonparkzoo.org)

**Parking** is available at the Education Building located on Smith Street between the zoo and the fairgrounds. As you approach the Zoo Admission Gate, the road has a Y. Follow the road to the right to the Education Building.

VETERINARIAN ADVENTURES  
REGISTRATION FORM

Male     Female

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Daytime/Emergency Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Allergies or medical concerns of which we should be aware. \_\_\_\_\_

FOZ Member, Expiration date \_\_\_\_\_  Non-Member

I hereby authorize Dickerson Park Zoo and Friends of the Zoo to take any steps to ensure my child's health in case of an emergency. I also authorize Dickerson Park Zoo to use my child's name and/or photograph for education and public relations purposes related to the zoo.

Parent's Signature \_\_\_\_\_

DATE(S) REQUESTED

First Choice

Second Choice

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Total Enclosed: \$** \_\_\_\_\_

Check enclosed payable to **Friends of the Zoo**

Master Card     Visa     Discover

Account # \_\_\_\_\_ exp. \_\_\_\_\_

Signature (Charge not valid without signature) \_\_\_\_\_

Please send a self-addressed stamped envelope if you would like to receive a receipt for your credit card purchase.

*For information on how you can join Friends of the Zoo (FOZ) and receive discounts on education programs along with many other member benefits, call (417) 833-1570.*