Birmingham Zoo Education Department

Education Registration Form

Child's Name	**Birthday: _____ Male: _____ Female: _____**
Parent/Guardian's Name	
Address	
City/State/Zip Code	
Contact Information	Home Phone: Cell Phone:
Birmingham Zoo Member?	No: _____ Yes: _____ (Please note: all participants must be covered by the Birmingham Zoo Membership to get the member discount.)
E-Mail	

Code Staff Use Only	Class Title	Day	Date	Time	Cost

Balance Due	

Refund Policy: *Refund requests or class changes must be requested a minimum of 24 hours in advance of the class date. We will be unable to give any refunds or make any changes once the deadline has passed. A $5.00 processing fee will be retained for each refund request. Students will not be able to make up any classes missed. We are sorry but we are unable to make any exceptions. Thank you.*

Birmingham Zoo
Education Department
One Wild Place
Birmingham, AL
35223

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Fax: 205.879.9426
E-mail:
chendrickson@birminghamzoo.com

Payment Information		
Cash	**Check #: _____**	**Credit Card**
American Express	**MasterCard**	**VISA** **Discover**
Card #:		
Expiration Date:		
Signature:		