



Office Use Only	Date Received	Time Received	Initial

# Alexandria Zoo Summer Safari

**FEES PER CLASS:** FOTAZ Member \$130      Non-Member \$150

**REGISTRATION DEADLINE:** Summer Safari forms must be received no later than the Wednesday before your chosen class.

PLEASE MAKE CHECKS PAYABLE TO FOTAZ.      **QUESTIONS?** Call 318-441-6818

Mail to: Alexandria Zoo | Attn: Summer Safari | 3016 Masonic Drive | Alexandria, LA 71301-4240

## SUMMER SAFARI (K - 8th Grade) - ONE CHILD PER FORM

Child's name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Completed this May: \_\_\_\_\_

Summer Safari shirts are included in the class fee - Please indicate size. NO EXCHANGES.

YS (6-8)    YM (10-12)    YL (14-16)    S    M    L    XL    2XL

For registrations received after May 10, shirt size is not guaranteed.

Parent/Grandparent/Guardian: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone Daytime: \_\_\_\_\_ Cell: \_\_\_\_\_

FOTAZ Member: \_\_\_\_\_ Yes   \_\_\_\_\_ No   Member Expiration Date: \_\_\_\_\_

**Authorized Transporters:** The persons listed below are authorized to pick up my child. (They are required to show a valid photo ID.)

(1) \_\_\_\_\_ (3) \_\_\_\_\_

(2) \_\_\_\_\_ (4) \_\_\_\_\_

### Age Group Based on Grade Completed This May

	Class Date	Class Name	Class Fee
<b>1</b>			\$
<b>2</b>			\$

### PAYMENT INFORMATION - MAKE CHECKS PAYABLE TO FOTAZ

Payment Type: \_\_\_\_\_ Cash   \_\_\_\_\_ Check   \_\_\_\_\_ Credit Card      **TOTAL ENCLOSED: \$** \_\_\_\_\_

Check: LA DL # (required) \_\_\_\_\_ Check # \_\_\_\_\_

Credit Card (select one): \_\_\_\_\_ Visa   \_\_\_\_\_ Master Card

Card Number: \_\_\_\_\_ 3-Digit CVV: \_\_\_\_\_ Exp: \_\_\_\_/\_\_\_\_

Billing Zip Code: \_\_\_\_\_ **Signature REQUIRED:** \_\_\_\_\_

### LIST ALLERGIES OR RESTRICTIONS

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I authorize Alexandria Zoo to use pictures and/or video of my child taken during Summer Safari for promotional and news purposes. All COVID-19 protocols and safety measures are subject to change based off current best practices in accordance with CDC, Louisiana Dept. of Health, and local guidance.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_