



*Go a little wild!*



## Family Programs - Registration Form

**To register, please follow these steps:**

1. Fill out form completely
2. Select one or more programs
3. Mail, fax, or drop off completed registration form and payment to: Delaware Zoological Society, 1001 N. Park Dr., Wilmington, DE 19802 f 302-577-7480, or email [DNREC\\_Parks\\_ZooPrograms@state.de.us](mailto:DNREC_Parks_ZooPrograms@state.de.us)

Adult Name(s) \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Evening Phone Number: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_ Email Address \_\_\_\_\_

### PAYMENT INFORMATION:

Please mark the correct option and include your payment information as requested.

☐ I am not a Member. Enclosed is my total Non-Member fee of \$\_\_\_\_\_.

☐ Yes, I am a current Member of the Delaware Zoological Society. Name as it appears on Membership Card: \_\_\_\_\_

Membership #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Enclosed is my total fee of \$\_\_\_\_\_.

☐ I would like to become a Member. My membership information is enclosed along with Membership fee of \$\_\_\_\_\_ and program fee of \$\_\_\_\_\_. Total amount enclosed \$\_\_\_\_\_.

### MEMBERSHIP APPLICATION:

☐ Senior, \$45 ☐ Household, \$55 ☐ Donor, \$80 ☐ Naturalist, \$100 ☐ Zoo-Gooder, \$250 ☐ Animal Enthusiast, \$500 ☐ Rare Bird, \$1000

☐ Dr. ☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. (Please check one)

Adult Name(s) \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address \_\_\_\_\_

**Payment Options:** ☐ CREDIT ☐ Visa ☐ MasterCard ☐ Discover ☐ AMEX

Account # \_\_\_\_\_ Expiration Date \_\_\_\_\_ Signature \_\_\_\_\_

☐ CHECK Please make checks payable to: **The Delaware Zoological Society**

**If you need to cancel, there is a \$3.00 processing fee. No refunds will be given for no-shows or cancellations less than 48 hours prior to the program. Limited parking is available at the Education Building. Additional parking is available off of N. Park Drive by the river.**

PROGRAM	DATE	TIME	ADULT/CHILD'S NAME	CHILD DOB	TOTAL

Email Completed form to [DNREC\\_Parks\\_ZooPrograms@state.de.us](mailto:DNREC_Parks_ZooPrograms@state.de.us)

GRAND TOTAL