



## Sleepover Safari Registration

Friday & Saturday, July 19-20, 2024

7:00pm – 9:00am

### Contact Information:

Parent(s) or Guardian(s) \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you a member of Pine Grove Zoo? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Cost is \$55 per chaperone (\$50 for members) and \$45 for children (\$40 for members)**

### Parent or Chaperone(s) Information:

At least one adult (18 years of age or older) per 4 children. Children must be 5 years of age or older.

Adult First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

The applicant(s) has received a tetanus shot: (please check one)

\_\_\_\_\_ Yes \_\_\_\_\_ No Date of vaccination: \_\_\_\_\_

Adult First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

The applicant(s) has received a tetanus shot: (please check one)

\_\_\_\_\_ Yes \_\_\_\_\_ No Date of vaccination: \_\_\_\_\_

### Children(s) Information:

First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

The applicant(s) has received a tetanus shot: (please check one)

\_\_\_\_\_ Yes \_\_\_\_\_ No Date of vaccination: \_\_\_\_\_

First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

The applicant(s) has received a tetanus shot: (please check one)

\_\_\_\_\_ Yes \_\_\_\_\_ No Date of vaccination: \_\_\_\_\_

First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

The applicant(s) has received a tetanus shot: (please check one)

\_\_\_\_\_ Yes \_\_\_\_\_ No Date of vaccination: \_\_\_\_\_

First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

The applicant(s) has received a tetanus shot: (please check one)

\_\_\_\_\_ Yes \_\_\_\_\_ No Date of vaccination: \_\_\_\_\_

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**\*\* All participants must sleep in a tent. Each tent must contain at least one adult per 4 children.**

**Medical Information:**

Please list any health or food allergy concerns or conditions that Pine Grove Zoo's staff should be made aware of:

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**Weather:**

Pine Grove Zoo's camps are held regardless of rain or shine. Please dress appropriately for all sorts of weather. If the weather become severe, all participants will be in a safe indoor area.

**Emergency Contact Information:**

In case of emergency, please provide 3 different contacts and phone numbers that an adult can be reached at:

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Relationship to participant: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Relationship to participant: \_\_\_\_\_

**Agreements:**

**Cancellation/Refund Policy:**

Cancellations must be made in writing two weeks prior to the day of camp. 50% of the fee will be refunded upon written cancellation notice. 100% of the registration fee will be refunded if Pine Grove Zoo cancels the camp.

**Authority to Photograph or Video Tape:**

Permission is given for the applicant to be photographed or videotaped for education and related promotions. All photos and videos remain the property of Pine Grove Zoo.

**Consent:**

I hereby give consent for the applicant to participate in Pine Grove Zoo's Day Camp Program. I understand that there are risks involved when working in a zoo environment and I will not hold Pine Grove Zoo or its staff or volunteers responsible form any injury arising from the applicant's participation in this program.

**Payment:**

Your spot in the Sleepover Safari is not reserved unit we receive payment. Space is limited.

**Payments are due by July 12, 2024**

I have read and understand the enclosed information about the Sleepover Safari. I also confirm the information provided by the regist is accurate.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

<b>FOR OFFICE USE ONLY</b> Date received: _____ CC, Cash, Check # _____ Amount: _____
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