Cohanzick Zoo Summer Camp Registration Form



(This form must be completed IN FULL.)

First child's name:	session #	sex
Shirt size requested: Child: sm, med., lg, or	Adult: sm, med, lg, x-lg	
Age:as of April 1, 2018 (must be 5)	birthdate:	
Amount:		
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Second child's name:	session #	SAY
Second child's name: Shirt size requested: Child: sm, med., lg, or	Adult om mod la v la	
Age: as of April 1, 2018 (must be 5)		
Amount:		
Parent' (s) Name		
Address:		
City/ State/ Zip:		
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Telephone:	⊑IIIaII	
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If your child has any allergies, physical, or so	•	•
please specify:		
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In case of an Emergency, when names and numbers of two pe Name: Legal Guardia This is to certify that Zoo Camp sponsored by the City of Bridgeton Re Cohanzick Zoological Society, City staff and instetc., incurred by my child/children as a result of h permission for zoo camp photos, videos and camp	note: 2018 S 181 East Co n legal guardian canno ople to be called: Phone: Phone: Phone: In Waiver (Zoo Camp) has received my pecreation Dept. I hereby relieve tructors from any responsibility ther/his/their participation in this perojects to be used for publications.	ermission to participate in the City of Bridgeton, the y for any bodily injuries, s activity. I also give city purposes only.
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