

Education Registration Form

Name of Program: _____

Session Number: _____

Name of Participant: _____ Age _____

Name of Participant: _____ Age _____

Name of Participant: _____ Age _____

Name of Participant: _____ Age _____

Parent/Guardian: _____

Name of Adult Participant: _____

Name of Adult Participant: _____

Address: _____

City: _____ Zip: _____

Daytime Phone Number: _____

Zoo Member: YES NO Member Number: _____

Payment Amount: _____

Payment Type (circle one):

Check Cash Visa Mastercard American Express Discover

Credit Card Information:

Number: _____ Expiration Date: _____

CV2# _____ (last 3 numbers in signature block on back of card)

Print Name as it appears on the card: _____

I hereby authorize Rolling Hills Wildlife Adventure to charge the above payment amount to the above credit card.

Signature

Date

Send to:

Rolling Hills Education Department, 625 N. Hedville Rd., Salina, Ks 67401