Red River Zoo
FARGO, NORTH DAKOTA

Education Program Registration Form

Child's Name: _____

Birth Date: _____ Grade Graduating: _____

Parent/Guardian Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Red River Zoo member? Yes No

Emergency Contact Person: _____ Phone: _____

Relation to Child: _____

Program Name(s): _____

Session Number(s): _____ Session Date(s): _____

T-Shirt Size (if applicable): Child XS S M L
Adult S M L XL

Parent/Guardian Signature: _____

Today's Date: _____

Enclosed Deposit Amount (if applicable): _____

Mail registration form and non-refundable deposit to:
Red River Zoo
4220 21st Ave SW
Fargo, ND 58104