



## Toledo Zoo Teacher Workshop Registration Form

*Please note: Registration deadline is one week prior to event.*

**Name:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade(s) Taught #** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Home Phone #:** \_\_\_\_\_ **School Phone #:** \_\_\_\_\_

**Program(s):** \_\_\_\_\_

**Credit Card Information:**

**Card Type:** Visa    MasterCard    Discover    **Card #:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

**Cardholder's Signature:** \_\_\_\_\_

**Please Mail Registration Form and Payment To:**

The Toledo Zoo Education Workshop  
P.O. Box 140130  
Toledo, OH 43614  
Fax: 419-389-8670