



TEACHER SAFARI AT RIVERBANKS ZOO & GARDEN

Participant's Name(s): _____

Grade Level Taught: _____ Subject(s) Taught: _____

Your School or Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ District: _____

Email Address: _____

Date of Program: May 8, 2009 Time: 7:00pm – 9:00am

Program Fee: \$42 per person

T-shirt Fee: \$12 each

(T-shirt includes slogan "I Survived the Night at Riverbanks Zoo")

T-Shirt Size: Adult Medium Adult Large Adult Extra Large

Participants: Open to formal and informal educators and their families

(ages 6 & above)

Payment Options: Visa MasterCard Personal Check

Card Number: _____

Expiration Date: _____

Signature: _____

Check # (make checks payable to Riverbanks Zoo & Garden): _____

* Please mail payment and registration form to:

Riverbanks Zoo & Garden
Education/JC Ward
PO Box 1060
Columbia, SC 29202-1060

You will receive a confirmation letter at the address given above further detailing the evening, along with a list of items to bring. If you do not receive a confirmation letter or have any questions or concerns, please contact JC Ward at 803.779.8717 x1140 or email jward@riverbanks.org.