



# Kansas City WOW REGISTRATION FORM

If registration form is for a minor child,  
it must be completed by a parent/guardian.

This form can be used by an individual or family.

## REGISTRATION DEADLINE: SEPT. 9, 2011

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
 Other Phone \_\_\_\_\_ Email Address \_\_\_\_\_

### ACTIVITY REGISTRATION

List the name and age of each participant.

Name	Age
_____	_____
_____	_____
_____	_____
_____	_____

### Sept. 23, 2011 Friday Night Activities - Check all that apply. Sign up as family

- Overnight Camping  
Do you need a tent? If so, how many? \_\_\_\_\_ number of campers \_\_\_\_\_
- Night Hiking

### Fees - Please check appropriate box.

- Individual Registration..... \_\_\_\_\_ x \$15 \_\_\_\_\_
  - Family Registration .....\$30 \_\_\_\_\_
- Late Fee (\$10 if applicable) \_\_\_\_\_

**TOTAL AMOUNT OF PAYMENT \$ \_\_\_\_\_**

### METHOD OF PAYMENT

CHECK (Make check payable to WOW) check no. \_\_\_\_\_  
 CREDIT CARD     VISA     MasterCard     Discover     American Express  
 Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Signature \_\_\_\_\_

### MAIL COMPLETED FORMS TO:

Attn: WOW School  
 Wonders of Wildlife  
 500 W Sunshine  
 Springfield, MO 65807

- Only ages five years and above can participate in Kansas City WOW.
- Registrations will not be accepted by phone, fax, or e-mail.
- Registrations received after Sept. 9, 2011 will be accepted only if space is available and are subject to a non-refundable \$10 late fee.
- Cancellation requests must be submitted in writing to WOW School at address below, prior to Sept. 16, 2011.
- All cancellation requests are subject to a nonrefundable \$10 service fee.

**SPECIAL REQUESTS:** If special arrangements or diet are necessary, please enclose a letter with your registration form stating any special needs you may have.

The policy of WOW prohibits discrimination on the basis of race, color, national origin, age, religion, sex, disability, family status, and/or political affiliation.

**FOR OFFICE USE ONLY**  
 Date payment received \_\_\_\_\_  
 Number of registrations \_\_\_\_\_  
 Scholarship     Liability Form     Tent