

CLP Program Registration



Please type or print. You must return this form to the address below AND receive an agreement for program confirmation.

STEP 1: CONTACT INFORMATION

Organization/School: _____
 Address Where Program Will Take Place: _____
 City: _____ State: _____ Zip Code: _____ County: _____
 Contact Person: _____ Title: _____
 Contact Phone: _____ Alternate Phone: _____
 Contact Fax: _____ Contact Email: _____

Mailing Address (if different from above):
 Street: _____
 City: _____ State: _____ Zip Code: _____

Check here if you **do not** wish to receive email bulletins of upcoming Education Department events. *Denver Zoo will not sell or distribute your email or information. Your email will be used only for Denver Zoo updates.*

STEP 2: TYPE OF PROGRAM and Participant information (CHECK ONE)

- Class** (up to 30 participants, 60 minutes, 1/1-5/31, \$200 per class. For program dates from 6/1/08 \$350 for first class, \$200 additional classes, use of CLP loan box and curriculum) **Custom Program/Other** (participants, duration, and prices vary. Denver Zoo will contact you for further information.)

Title of CLP Program Requested: _____ Number of Classes: _____
 Grade of Participants: _____ Projected # of Participants: _____ Number of Teachers: _____
 Describe any special needs of your group: _____

STEP 3: LOGISTICS:

- * Each project has **3 DATES** that need to be scheduled with **ZOO STAFF**.
- * **Orientation** should occur when at least **1 teacher** can meet to go over program.
- * **Staff led lesson** and **project day** are **1 hour** in duration with each class. **Include start time for EACH class.**
- * **Loan box needs to be returned to zoo within TWO WEEKS of project day.**

	Loan Box Delivery & orientation meeting	1st CLP staff led lesson	Project Day – 2 nd zoo led lesson	Loan Box Return (to Zoo)
Requested Date				
Start Time				X
Alternate date(s)				
Start Time				X

*NOTE: We will contact you with any conflicts, Actual dates for Denver Zoo led lessons will be reflected on the agreement.

STEP 4: HOW DID YOU LEARN ABOUT DENVER ZOO CLP? (CHECK ONE)

- Direct Inquiry Brochure at Zoo Word of Mouth
 Mailer Education Catalog Other (please specify) _____
 E-Bulletin Website

STEP 5: SIGN AND SUBMIT

CANCELLATION POLICY: Any cancellation made with less than 2 weeks notice will be subject to a 50% fee of total program costs that is not covered by scholarship.

Signature of Contact Person **Title** **Date**

Your registration will be reviewed upon receipt. Your program will be scheduled and you will receive an agreement within two weeks of submitting this form. A signed copy of the agreement will be returned to CLP and will serve as confirmation. If you have any questions, please call the specialist at (303) 376-6734 or email at outreach@denverzoo.org
 Detailed information is available at www.denverzoo.org/education/clp.

RETURN THIS COMPLETED FORM TO:
MAIL: Denver Zoo CLP, 2300 Steele St., Denver, CO 80205 **FAX:** 303.376.4898