



## REGISTRATION FORM

### Fresno Chaffee Zoo Teacher Workshops

Workshop Title \_\_\_\_\_

Name \_\_\_\_\_

School Name/School District \_\_\_\_\_

Address\* \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone #\* \_\_\_\_\_ Email\* \_\_\_\_\_

(\*The address, phone number, and email can be for your home or school. Please put down the phone number and email that you can most easily be reached at. Thank you!)

**Fax completed registration form to (559) 498-4859 or send to Fresno Chaffee Zoo, Education Department, ATTN: Lesley Gates 894 W. Belmont Ave. Fresno, CA 93728**

