



# JOB SHADOWING INFORMATION FORM

Student's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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

Email: \_\_\_\_\_

School: \_\_\_\_\_

School Phone: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Teacher: \_\_\_\_\_

Area of Interest: \_\_\_\_\_

Date(s) Requested: \_\_\_\_\_

Purpose for Shadowing/School Project (*Please be specific*):

  
  
  
  
  
  
  
  
  
  

Is a presentation or paper required (*circle*):    Yes    No

Registration Fee: \$15

Check attached \_\_\_\_\_

Credit Card:     MasterCard     Visa     Discover     American Express

Acct. No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Registration fee must accompany the registration form. Please make your check payable to the Louisville Zoo.

MAIL TO:  
Diane Moon  
MetaZoo Education Programs  
Louisville Zoo, P.O. Box 37250,  
Louisville, KY 40233-7250  
OR FAX TO: (502) 238-5324

Education Programs presented by

