



DOCENT REGISTRATION FORM

Please print out this form, fill in the necessary information and mail it to:

**Education Department
Docent Training, ATTN Doug McCoy
PO Box 37250
Louisville, KY 40213**

or fax to (502) 459-2196

- YES, I am interested in becoming a Louisville Zoo Docent and I'm willing to attend training classes.**
- I'm interested in weekday training.
(Wednesdays 9:00 a.m. – 12:30 p.m. plus a few Mondays)
- I'm interested in weekend training.
(Saturdays from 9:00 a.m. – 12:30 p.m.)

Name _____

Address _____

City _____

State _____

Zip _____

Home Phone _____

Emergency Phone _____

Email Address _____