

## Chicago Botanic Garden Field Trip Request

Please print clearly. Payment is required 3 weeks prior to your field trip date. Please mail to: Chicago Botanic Garden, Field Trip Registrar, 1000 Lake Cook Road, Glencoe, IL 60022

Your Name			Your Phone #		Your e-mail					
How are you affiliated with this group?(i.e. Teacher, School Administrative Staff, Parent, etc)										
School Name School		School Ad	ol Address				School District			
County	First D	Date Choice	te Choice   Second Date Choice   Arrival Tir				Time	ne Departure Time		
Will you be having lunch at the Ga			rden?	Yes / N			N	No		
Do students have special needs? Yes / No			If yes, please describe.							
				1						
Class/Group # 1 Teacher Check-in Name			Student Grade	Maximum of 30 Maximum of 25 for PreK			PreK 3 <sup>rd</sup> - 5	Number of Adults PreK – 2 <sup>nd</sup> 1:5 students required 3 <sup>rd</sup> - 5 <sup>th</sup> 1:7 students required 6 <sup>th</sup> -12 <sup>th</sup> 1:10 students required		
Class/Group #2 Teacher Check-in Name (Must be different from above)			Student Grade	Number of Students Maximum of 30 Maximum of 25 for PreK			PreK 3 <sup>rd</sup> - 5	Number of Adults PreK – 2 <sup>nd</sup> 1:5 students required 3 <sup>rd</sup> - 5 <sup>th</sup> 1:7 students required 6 <sup>th</sup> -12 <sup>th</sup> 1:10 students required		
Class/Group #3 Teacher Check-in Name (Must be different from above)			Student Grade	Number of Students Maximum of 30 Maximum of 25 for PreK			PreK 3 <sup>rd</sup> - 5	Number of Adults PreK – 2 <sup>nd</sup> 1:5 students required 3 <sup>rd</sup> - 5 <sup>th</sup> 1:7 students required 6 <sup>th</sup> -12 <sup>th</sup> 1:10 students required		
NOTE: If you need to register more classes/groups, please include a separate sheet of paper.										
Payment Summary  ☐ Check enclosed, made payable to Chicago Botanic Garden ☐ Please charge my credit card ☐ American Express ☐ Discover ☐ Master Card ☐ Visa										
Name (as it appears on card)			Signature							
Cond #				Dynamica (i						
Card #				Expiration	n D	ale				



## **Chicago Botanic Garden Field Trip Request**

## Please turn over to make a program selection.

☐ Guided	Program
----------	---------

Program Time: 10 a.m. to 12 p.m.

120 per class/group (maximum of 25 students for Pre K and 30 students for K – 12 grades)

Please check the box below for the program you wish to attend.

Grade Level	Program	9/1 - 10/10/14	10/13 - 11/7/14	12/1 - 12/19/14	2/16 - 3/13/15	3/16 - 4/10/15	4/20 - 6/5/15
PreK	Discovering Plants						
	Trees and Trains						
	Outrageous Orchids: Sensational Explorers						
K-2	Surprising Seeds						
	Garden Groceries						
	A Walk in the Woods						
	Expedition Ecosystem - Soil						
	Insect Investigations						
The state of the s	Trees and Trains						
	Outrageous Orchids: Plant Part Investigation (1st-2nd)						
K-5	Spring Garden Explorers						
3-5 <u> </u>	Flower Lab						
	Plant Propagation						
	Pondering the Prairie						
	Edible Botany						
	Outrageous Orchids: Plant Part Investigation						
	Forest Fundamentals						
6-8	Ecosystems and Adaptations						
	Outrageous Orchids: Peculiar Pollinators						
	Outrageous Orchids: The Mighty Rainforest						
6-12	Green Buildings						
	Photosynthesis						
	Water Quality						

All self-guided programs are	from $9:00 \text{ am} - 4:30 \text{ pm year-round, ex}$	xcluding weekends and holidays.
<del>-</del>	0 per class (maximum of 30 students)	
Please choose one:  ☐ Sensory Garden (K-2)	☐ Malott Japanese Garden (K-5)	□Pollination (PreK-2)
□Ecosystems and Adaptation	1 , , ,	
Please choose one:		
☐ Morning (9am-noon)	□Afternoon (12:30-3:30)	

☐ Self-Guided Visit \$30 per class (maximum of 30 students)



□ Additional Experience	
☐ School Tram PreK - 6 <sup>th</sup> Grade	☐ School Tram 7 <sup>th</sup> - 12 <sup>th</sup> Grade
\$2.50 per person; 30 Minutes	\$2.50 per person; 35 Minutes
April 21, 2014 – October 24, 2014	
☐ Model Railroad Garden	□ Wonderland Express
\$3.00 per person	\$3.00 per person
May 10, 2014 – October 26, 2014	November 28, 2014 – January 4, 2015
Comments	