



Traveling Plant Science Teacher

Please print clearly. *Payment is required three weeks prior to your outreach program date.*

Please mail to: Chicago Botanic Garden, Field Trips 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)

School Name	School Address	School District

County	First Date Choice	Second Date Choice	More than 20 miles away*
			Yes / No

Do students have special needs?	If yes, please describe.
Yes / No	

Class/Group #1 Teacher Name	# of Students Maximum of 30 PreK maximum 25	Program Choice	Grade	Start Time 9:30 a.m. – 1 p.m.	End Time 60 min. after Start Time

Class/Group #2 Teacher Name	# of Students Maximum of 30 PreK maximum 25	Program Choice	Grade	Start Time 10 min. after Class #1	End Time 60 min. after Start Time

Class/Group #3 Teacher Name	# of Students Maximum of 30 PreK maximum 25	Program Choice	Grade	Start Time 10 min. after Class #2	End Time 60 min. after Start Time

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 MasterCard Visa

Name (as it appears on card)

Signature

Card #

Expiration Date

*Schools more than 20 miles away will be charged a \$50 mileage fee.