



CHICAGO BOTANIC GARDEN

CAMPOUT REGISTRATION FORM

Group Leader Name

Address

City, State, Zip

Home Phone #

Cell Phone #

Work Phone #

E-mail Address

All communications, including confirmation, will be sent via e-mail. Please provide a valid e-mail address and add registrar@chicagobotanic.org to your safe senders list in order to guarantee receipt.

Age Range

Children

Adults

Date Preferences

Please list a selection of dates when your group is available to camp out:

1st choice _____ 2nd choice _____

Payment Summary

A \$200 nonrefundable deposit is required at the time of registration.

Check enclosed, made payable to the Chicago Botanic Garden in the amount of \$ _____

Please charge my credit card in the amount of \$ _____

MasterCard Visa Discover American Express

Name (as it appears on card)

Card #

Expiration Date

Signature

Card Verification # (the last 3 digits to the right of your signature)
American Express only: (the 4-digit code printed above your account #)

Registration Policies

There is a flat fee of \$1,400 for up to 40 children, with an additional cost of \$35 for each additional student. Program costs include parking, supplies, and an activity patch. We require one actively involved chaperone per five children. There is no charge for adults. A \$200 nonrefundable deposit is due at the time of registration, with the full amount due a minimum of two weeks prior to the start of the program. Your date will be confirmed when a deposit is received. We are unable to refund any cancellations made with less than two weeks' notice. Should you need to cancel, a two-week notice is required to receive a full refund less the \$200 deposit. Please call (847) 835-8239 with any questions.

Mail or fax this form to:
Chicago Botanic Garden
Youth Programs
1000 Lake Cook Road
Glencoe, IL 60022
Fax: (847) 242-6350