



CHICAGO BOTANIC GARDEN

SCOUT AND YOUTH PROGRAMS 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:

1st choice _____ 2nd choice _____ 3rd choice _____ 4th choice _____

Please indicate program choice:

Program Start Time: _____

Payment Summary

A \$100 deposit is required at 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

Programs are scheduled after school on weekdays, 3 – 5 p.m., and Saturdays, 9 a.m. – 3 p.m. Programs must be booked two weeks in advance. A minimum of 10 children is required to schedule a program. 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 deposit of \$100 is due at the time of registration, with the full amount due before the start of the program. Your date will be confirmed when the deposit is received. We are unable to refund any cancellations made with less than two weeks' notice. If rescheduling is not possible, a full refund less a \$20 administrative handling fee will be issued. 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