



CHICAGO BOTANIC GARDEN

SPECIAL EVENTS 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

Event Date:

Event Name:

Event Start Time:

Payment Summary

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 no charge for adults. Full payment is expected at the time of registration. 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