



CHICAGO BOTANIC GARDEN

LIFE ENRICHMENT ACTIVITIES AT THE BUEHLER ENABLING GARDEN

Cost: \$120 per group, per activity. (This fee includes all materials and parking.)

Maximum # of participants per group: Fifteen clients, plus staff required by the group.

Program availability: mid-May through mid-October, Monday through Friday, from 9:30 a.m. to 2:30 p.m.

Program duration: 45 – 60 minutes.

DATE PREFERENCES (list three) _____

PROGRAM START TIME _____ ESTIMATED DEPARTURE TIME _____

CLIENTS _____ / # STAFF _____

ORGANIZATION NAME _____

MAILING ADDRESS

Street

City

State

Zip Code

CONTACT NAME _____ CONTACT PHONE _____

CONTACT FAX _____ CONTACT E-MAIL * _____

* 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.

CONTACT CELL PHONE _____ # OF VEHICLES _____

Describe the audience(s) served by your agency:

Describe the "functional abilities" of your audience so we can provide the best activities and experience for your group's visit:

Payment information: (Full payment must be included 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 Exp.

Name (as it appears on card) Signature

Card # Expiration Date Authorization # *

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

Upon receipt of application and payment we will confirm your visit via e-mail or mail.
Please complete one form per group and mail with check payment to:
Chicago Botanic Garden Wellness Registrar, 1000 Lake Cook Road, Glencoe, IL, 60022
or fax with credit card payment information to (847) 242-6330.