

NYBG

CHILDREN'S GARDENING PROGRAM 2018

REGISTRATION FORM

Please photocopy to register additional children. Fax or Mail completed forms and payment to the attention of the Children's Gardening Program at: 718.817.8829 or New York Botanical Garden, 2900 Southern Boulevard, Bronx, NY 10458

CHILD'S NAME _____

AGE _____

BIRTH DATE _____

MALE OR FEMALE _____

Circle selections and add appropriate fees.

Garden Sprouts (ages 3-5)			Garden Crafters (ages 6-12)	
Season	Section	Fee	Season	Fee
Spring	A B C		Spring	
Summer	D E F		Summer	
Fall	G H I		Fall	

All campers receive a free commemorative t-shirt!

T-shirt Size XS S M L XL

Sub-Total	
Less 10% if enrolled in all three sessions	
Total Amount Due	

PARTNER PREFERENCE (FOR GARDEN CRAFTERS ONLY) _____

PARENT OR GUARDIAN NAME(S) (CIRCLE ONE) _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

E-MAIL ADDRESS (REQUIRED) _____

HOME PHONE _____

OTHER DAYTIME PHONE _____

ARE YOU A GARDEN MEMBER? Y/N _____

GARDEN MEMBERSHIP NUMBER _____

PAYMENT: CHECK MONEY ORDER MASTERCARD AMEX VISA

CARD NUMBER _____

EXPIRATION DATE _____

NAME AS IT APPEARS ON CARD _____

SIGNATURE _____

- Child has medical or other concern that we should know about.
- Send a Children's Gardening Program scholarship application. (Completed registration form enclosed without payment)
- Please enroll/renew me as a Garden Member at this level: \$135 Family \$275 Supporting
(Current Membership rates guaranteed through June 30, 2017)

How did you hear about us?

- Mail E-mail Brochure Friend Other _____