

NYBG

CHILDREN'S GARDENING PROGRAM

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: 718.220.6504 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		Spring	
Summer	B C D		Summer	
Fall	E		Fall	

All campers receive a free commemorative t-shirt!

T-shirt Size XS S M L XL

	Sub-Total	
	Less 10% if enrolled in two or more 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)
How did you hear about us?
 Mail E-mail Brochure Friend Other _____