Youth and Family Programs Registration Form

Mail to: Chicago Botanic Garden, Registrar, 1000 Lake Cook Road, Glencoe, IL 60022.

or call (847) 835-6801.

Child's Last Name	Child's First Name (for nametag)	Birth Date	Program Name	Date	Time	Fee	
						\$	
						\$	
						\$	
						\$	
						\$	
						\$	
						\$	
						\$	
						\$	
						\$	
	<u> </u>	<u> </u>	<u> </u>		TOTAL COST	\$	
			Developed				
Name on Garden Plus Membership Garden Plus Membership Number			Payment Check (payable to Chicago Botanic Garden)				
			☐ American Express				
			Discover				
Address			☐ MasterCard ☐ Visa				
City							
			Name (as it appears	Name (as it appears on card)			
State Zip							
Home Phone	Cell Phone		Signature				
E-mail address required (All communication, including confirmation,			Card Number	Card Number			
	se provide a valid e-mail addr						
For information on all our Youth and Family programs,			Expiration Date		Card Sec	curity Code	
visit www.chicagobot	anic.org/education/yout	h family					