

Registration Form *Use for classes in this catalog only.*

Registration begins on August 1, 2008 at 9:00 AM

Registration Information				
Registrant Name	Date of Birth*	Grade*	Course/Trip Name	Fee
* For children's programs only			Membership dues:	
			Tax-deductible contribution:	
			TOTAL	

Please send Children's Garden Scholarship application

BILLING INFORMATION

MEMBERSHIP ENROLLMENT OR RENEWAL

- Individual \$40
 Family/Dual \$75
 Family/Dual Plus \$95
 Signature \$150
 Sponsor \$300
 Patron \$500
 Gager Society \$1,500

METHOD OF PAYMENT

- Check (to Brooklyn Botanic Garden)
 Gift Certificate
 Visa
 MasterCard
 American Express

Return this form with payment to: Registration Office, Brooklyn Botanic Garden,
 1000 Washington Avenue, Brooklyn, NY 11225-1099 • Fax: 718-623-7339

 PAYER NAME

 ADDRESS

 CITY STATE ZIP MEMBERSHIP#

 DAYTIME PHONE EVENING PHONE E-MAIL

 VISA, MASTERCARD, OR AMEX # EXP. DATE

 SIGNATURE

***IF YOU DO NOT RECEIVE CONFIRMATION OF YOUR REGISTRATION WITHIN TWO WEEKS,
 PLEASE CALL THE REGISTRATION OFFICE AT 718-623-7220.***