











# information

questions? call (314) 577-9506.

1 2 3 4 5 6 7  
 8 9 10 11 12 13 14  
 15 16 17 18 19 20 21  
 22 23 24 25 26 27 28  
 29 30

## June

### enroll early!

- Advanced registration is required for all programs.
- Registrations will be processed in the order in which they are received.
- MBG Members will have registration preference until February 29.
- Please register each child on a separate registration form. You may photocopy additional forms, as needed.
- Mail in registration is strongly preferred.

### drop off/pick up

All programs meet at the designated program site. Details will be mailed to registered participants prior to the class

### safety

All of our courses are taught by experienced instructors. Our staff have current certification in first aid and CPR as well as years of leading youth programs and/or wilderness camping experience.

### confirmations and medical forms

You will receive a confirmation letter indicating your registration within two to three weeks. A medical form, if required, will be sent to you with your confirmation. Please fill out and return the medical form by the required date. Your child may not participate without this form.

### cancellations and refunds

If after you've registered you need to cancel, please notify the contact on your registration confirmation as soon as possible. For cancellations 5 or more business days prior to the class, a full refund (minus a \$5 processing fee) will be issued. Refunds cannot be issued for cancellations less than 5 business days or missed classes.

Many programs will allow you to send an alternate participant if you are unable to attend. Please check with the contact on your registration confirmation. For SNR overnight program refunds, cancellations must be made at least 2 weeks prior to the program. In the event that the SNR, EWC, BH, and Garden must cancel a class, you will be notified and receive a full refund.

### mail to

Missouri Botanical Garden, Education/Summer Programs, P.O. Box 299, St. Louis, MO 63166-0299  
 Complete the form, detach, and mail to the address listed above.

**Notice:** Classes may be photographed and/or recorded for use by the garden in its communication efforts. Students wishing not to be photographed or recorded should inform the photographer.



s m t w t f s  
 1 2 3 4 5  
 6 7 8 9 10 11 12  
 13 14 15 16 17 18 19  
 20 21 22 23 24 25 26  
 27 28 29 30 31

## July

# registration

questions? call (314) 577-9506.

### please photocopy and use a separate form for each participant:

Participant's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age/Grade Entering \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Guardian's Work Phone \_\_\_\_\_

Guardian's Name \_\_\_\_\_ Guardian's Signature \_\_\_\_\_

E-mail \_\_\_\_\_

Current Garden Member  Non-member

Courses	Date(s)	Time	Price

### extended day (Garden and SNR programs only)

Date(s) \_\_\_\_\_ Price \_\_\_\_\_

Total \_\_\_\_\_

### payment options

- Check for \$ \_\_\_\_\_ enclosed, payable to Missouri Botanical Garden.
- Charge \$ \_\_\_\_\_ to  Visa  MasterCard  Discover

Account No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name as it appears on card \_\_\_\_\_ Verification code \_\_\_\_\_