



Youth Education Program
of San Francisco Botanical Garden Society

Guided Walks for School Groups
Fall/Winter 2008 Registration Form

If you would like to partner with another teacher, please note on this form and fax or mail your applications together. **EACH TEACHER MUST COMPLETE A SEPARATE FORM!**

Forms must be RECEIVED no later than Monday, September 8.

Teacher's name _____

School name _____

School address _____ Zip _____

School phone _____ School fax _____

Teacher's home phone _____ E-mail _____

Grade _____ Class size _____ Any special circumstances? _____

If possible, I would like to partner with _____
(IF PARTNERING, PLEASE BE SURE TO SEND ALL FORMS TOGETHER)

Walk desired:

- | | |
|--|---|
| <input type="checkbox"/> First Look | <input type="checkbox"/> Web of Life |
| <input type="checkbox"/> Flowers (SPRING ONLY) | <input type="checkbox"/> Redwood Trail |
| <input type="checkbox"/> Plant Travelers (FALL ONLY) | <input type="checkbox"/> Native People, Native Plants |

Preferred dates:

Please list a range of dates OR a day of the week (e.g. any Tuesday). The more choices you give us, the better your chances! Don't forget about holidays, testing, and in-service days. Walks are offered Tuesday through Friday, September 16, 2008 through January 31, 2009.

How often have you used our program in the past?

never once or twice three to five times six or more times

Please mail or fax this form to the following address:
Youth Education Program
San Francisco Botanical Garden Society
Ninth Avenue at Lincoln Way, San Francisco CA 94122
FAX: 415-661-7427

For office use only:

Packet sent _____

Confirmation call _____