

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

Registration begins on December 1, 2008, at 9 AM.

| Registration Information | | | | |
|--------------------------------|----------------|--------|------------------|-------------------------------------|
| Registrant Name | Date of Birth* | Grade* | Course/Trip Name | Fee |
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| * 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.**