

Self-Guided Visit Registration Form for Children's Groups

Please register online at bbg.org/childrensgroups to print your confirmation/admission pass *immediately*.*

IF YOU DO NOT HAVE ONLINE ACCESS, FAX OR MAIL THIS FORM:
YOU WILL RECEIVE YOUR ADMISSION PASS IN 2-3 WEEKS.*

Fax: 718-623-7339 **Mail:** Registration Office
Brooklyn Botanic Garden
1000 Washington Avenue
Brooklyn, NY 11225-1099

School/Org. Name: _____

School/Org. Type: public school private school day care
 summer program other _____

Address:

STREET

CITY

STATE

ZIP

PHONE

EXTENSION

FAX

EMAIL ADDRESS

Contact Name:

Principal/Director:

LAST

FIRST

HOME OR CELL PHONE NUMBER

NYC Public School District Number _____

School Grade(s) _____ **OR Camp/Other Age(s)** _____

Number of Children _____ **Number of Adults** _____

Date of Visit:

1ST CHOICE ____/____/____ 2ND CHOICE ____/____/____ 3RD CHOICE ____/____/____

Is this your first visit with a children's group to BBG? yes no

* MAKE SURE TO BRING YOUR ADMISSION PASS WITH YOU TO THE GARDEN.