



Youth Education Program
of San Francisco Botanical Garden Society

Guided Walks for School Groups
Spring 2010 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 FORM!

Forms must be RECEIVED no later than Thursday, December 3.

Teacher's name _____

School name _____

School address _____ Zip _____

School phone _____ School fax _____

Teacher's home phone _____ E-mail _____

Grade _____ Class size _____ Any special circumstances? _____

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

Please review our bus policy on the School Walk information sheet as it has changed.
Are you willing to come by public transit if necessary (a "yes" may improve the chance that we can book your class.) ___ YES ___ NO

Walk desired:

___ First Look ___ Web of Life ___ Flowers
___ Redwood Trail ___ 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, February 1 through May 30.

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 _____