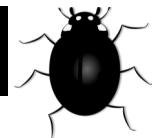




# Grand Garden Workshop Registration Form



On-Site Registration:  
New Mexico Museum of Natural History & Science, Garden Workshops Program  
1801 Mountain Rd NW, Albuquerque, NM 87104 Fax: (505) 841-2866

## Student Information

First Child \_\_\_\_\_

Male  Female Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Second Child \_\_\_\_\_

Male  Female Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Third Child \_\_\_\_\_

Male  Female Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Session/s Registration

Check the session/s you would like.

Spring Workshop Year \_\_\_\_\_

Fall Session Year \_\_\_\_\_

Saturday 10 a.m.– Noon

\_\_\_\_\_ date

## Parent/Guardian Information

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: day \_\_\_\_\_ alternate \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: day \_\_\_\_\_ alternate \_\_\_\_\_

### Mailing Address for Registration Confirmation

Name \_\_\_\_\_

Street \_\_\_\_\_ Apt. \_\_\_\_\_

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

Email address \_\_\_\_\_

## You need to know...

Children must be accompanied by an adult. No more than two children may be registered per adult and no more than two adults may accompany any one child. Maximum class size is 12 children and their adults.

Children should wear clothes suited for outdoor activities in the dirt and crafts.

Questions?

Please contact Garden Program Coordinator Cirrelda Snider at (505) 948-1615 or by email at [Cirrelda.snider@state.nm.us](mailto:Cirrelda.snider@state.nm.us)

## Program Fees

Session:

Spring \_\_\_\_

Fall \_\_\_\_

\$15 first child and adult pair

\$25 second & third child in family and adult pair

\$35 fourth & fifth child in family and adult pair

Spg or  
Fall Session

Total \$ \_\_\_\_\_

=====

Total \$ \_\_\_\_\_

All payments must be made in full at time of registration. Thank you for your payment.

## Payment Information

NMMNH Foundation Member # \_\_\_\_\_ Exp date \_\_\_\_\_  
(Membership questions? Contact Membership Services at (505) 841-2851)

Check # \_\_\_\_\_ (Make checks payable to: **NMMNH Foundation**)

Credit Card Payment  MC  Visa  Am Ex  Discover

Card # \_\_\_\_\_ Exp date \_\_\_\_\_

3 or 4 digit code \_\_\_\_\_ Signature \_\_\_\_\_

### Billing Address for Credit Card Payment

Name on card \_\_\_\_\_

Street \_\_\_\_\_ Apt. \_\_\_\_\_

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

## Registration Policy

Cancellations made prior to seven days before the session begins are subject to a 15% processing fee. Cancellations made within seven days before the session begins are subject to forfeiture of the full payment.

