

Tucson Botanical Gardens Class Registration

NAME: _____ DATE _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____ - _____

PHONE: _____ ALT #: _____

EMAIL ADDRESS: _____

Are you a Member of Tucson Botanical Gardens? YES NO LEVEL: _____

Cancellation Policy: Credit cards will be charged seven business days prior to the class. No refunds if cancellation is made within seven business days of the class.

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| CLASS TITLE: | CLASS DATE: |
| FEE DUE: \$ | |

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| FEE DUE: \$ | |

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| FEE DUE: \$ | |

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|--------------|-------------|
| CLASS TITLE: | CLASS DATE: |
| FEE DUE: \$ | |

Check Enclosed (Payable to Tucson Botanical Gardens) **Charge** (we accept Visa, Master or Discover)

CARD # _____ / _____ / _____ / _____

EXPIRATION DATE: _____ / _____

SIGNATURE(as it appears on card): _____

MAIL TO:
 Tucson Botanical Gardens
 2150 N Alvernon Way
 Tucson AZ 85712
 Attn: Class Registrar

Sending this form does not constitute registration. Reservation in a class is only guaranteed by confirmation from the Class Registrar.

For Office Use Only: Entered into Excel