



Rotary Botanical Gardens

1455 Palmer Drive
 Janesville, Wisconsin 53545
 Tel. (608) 752-3885, Fax. (608) 752-3853
 www.rotarygardens.org

Tour Registration

Fax the completed form to (608) 752-3853 with credit card payment or mail to "RBC-Tours", 1455 Palmer Drive, Janesville, WI 53545, with check, money order, or credit card payment. Confirmation will be faxed or mailed within 14 days of receipt of request. If you do not hear from us within 14 days, please call (608) 752-3885x20. Cancellations must be received a minimum of one week in advance in order to receive refund.

All teachers must pre-register for their visit to the gardens; in order to maximize the child's experience, the gardens requires 1 adult for every 10 children.

<p>Organization: _____</p> <p>Contact person: _____</p> <p>Address: _____</p> <p>City: _____</p> <p>State: _____ Zip: _____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>E-mail: _____</p>	<p>Guided Tours: A volunteer docent will lead your group through our gardens, detailing the gardens' history, plant material, and notable points of interest.</p> <p>Unguided Tours: Visitors are provided a map of Rotary Botanic Gardens.</p> <p><i>Our garden consists of 18 distinct areas across 20-acres. Please allow yourself approximately 2 hours for your visit. Dress for the weather -- Rotary Botanical Gardens will be unable to refund for cancellations due to weather. Certain garden areas may be used for events during your tour. Please show your respect as you navigate around weddings, special events, etc. during your visit. Handicapped accessible trails are marked; not all garden areas are accessible. Rotary Botanical Gardens is not responsible for injury or damage during your visit to the gardens.</i></p>
<p>Guided Tour</p> <p>Date of Tour: _____</p> <p>Time of Tour: _____</p> <p># Adults: _____ x \$7.00= _____</p> <p># Seniors (55+): _____ x \$6.00= _____</p> <p># Students: _____ x \$4.00= _____</p> <p># Pre-school: _____ x \$2.00= _____</p> <p>TOTAL _____</p>	<p>Self Guided Tour</p> <p>Date of Tour: _____</p> <p>Time of Tour: _____</p> <p># Adults: _____ x \$5.00= _____</p> <p># Seniors (55+): _____ x \$5.00= _____</p> <p># Students: _____ x \$3.00= _____</p> <p># Pre-school: _____ No charge _____</p> <p>TOTAL _____</p>

Please let us know of any special needs you might have: (wheelchairs, etc.) _____

Coffee service? ___ Lunch Service? ___ Contact (608) 752-3885x19

Payment Information

Total Fee: \$ _____ , ___ Check ___ Visa ___ MC ___ Money Order

Please make checks payable to:
 Rotary Botanical Gardens
 \$70 deposit required with registration;
 remainder due upon arrival.

CC #: _____
 Expiration: _____
 Name on CC (print): _____
 Signature: _____

For office use only:

Tour guide: _____	Phone: _____	Confirmed: _____	Receipt #: _____
Tour guide: _____	Phone: _____	Confirmed: _____	
Tour guide: _____	Phone: _____	Confirmed: _____	
Tour guide: _____	Phone: _____	Confirmed: _____	