

Birmingham Botanical Gardens
HollyDay Magic 2008 Registration and Emergency Form

Please indicate the date you want: ___ **Thursday, Dec. 4** OR ___ **Friday, Dec. 5**

CANCELLATION POLICY: If notification is made by Wednesday, November 26, you will receive a refund minus \$10.00 processing fee due to administration costs. Cost for changing days is \$8 per child per change.

REGISTRATION INFORMATION:

Child(ren)'s Name(s) 1. _____ Age _____ *

2. _____ Age _____ *

Child's School _____

Parent's Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Mobile _____ E-Mail _____

Will you be staying with your child? _____ *Children ages 5-6 MUST be accompanied by adult.

EMERGENCY INFORMATION: Complete for children ages 7-12 participating independently.

Name (other than parent): _____

Relationship: _____ Phone(1): _____ Phone(2): _____

Pediatrician _____ Phone: _____

Allergies and/or Restricted Activities: _____

I understand that the Birmingham Botanical Society, Inc., its employees and volunteers, do not assume legal responsibility for the health and welfare of the program participants. In the event of a medical emergency, I understand that every effort will be made to reach the contact above. If this contact cannot be reached, I hereby give permission to secure medical treatment for my child.

Signature of Parent / Guardian: _____ Date: _____

PAYMENT INFORMATION:

of children registering _____ at \$20 per child (Hydrangea Level or above)

OR # of children _____ at \$25 per child (Trillium Level or Non-Members)

Total amount paid _____ Cash Check Credit Card (provide info below)

Credit card Information:

Card type (circle): Visa Master Card Discover # _____

Name on Card _____ Exp. _____

How did you hear about HollyDay Magic?

For Office Use Only :		
Amt _____	Ck# _____	Ckdate _____

NP – Brochure – Flyer – TV – Lobby – BBG NL – email NL – Friend – Radio - Other