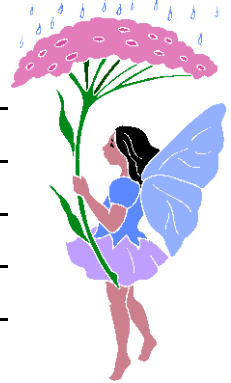


Faerie Events Payment Registration Form



Participant (s) Name(s): _____
 Contact (Parent) Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____ Phone: _____
 Email: _____

Please indicate which program(s) you would like to register for:

- Faerie Tea Party**, January 11th (Register by January 5th).
- 11:00 -1 pm; Resident \$16/child, Nonresident \$18/child # _____ Children
 - 2:30 - 4 pm; Resident \$16/child, Nonresident \$18/child # _____ Children

- Faerie Luminaries**, February 7th (Register by February 2nd)
- 2:00 – 4 pm; Resident \$16/child, Nonresident \$18/child # _____ Children

- Faerie Tea Party**, April 12th (Register by April 6th).
- 11:00 -1 pm; Resident \$16/child, Nonresident \$18/child # _____ Children
 - 2:30- 4 pm; Resident \$16/child, Nonresident \$18/ # _____ Children

- Faerie Landscaping Workshop**, May 16th (Register by May 11th)
- 9-11 am \$5/resident, \$6/nonresident + \$25.00 family kit # _____ Participants
 - Noon-2 pm \$5/resident, \$6/nonresident + \$25.00 family kit # _____ Participants
_____ Kits

All children under the age of 14 must be accompanied by an adult. Cancellations made up to one week prior will be refunded half the amount paid; cancellations less than one week prior to the program will not receive a refund.

Please submit the payment registration form, participant waiver form and payment (payable to Zilker Botanical Garden) to: Zilker Botanical Garden Programs, ATTN: Faerie Programs 2220 Barton Springs Road, Austin, TX 78746

If you would like to pay by credit card, please fax this form to (512) 481-8254 with the following information and CALL 512-477-8672 X 13 to pay by credit card. (for security purposes, please **do not** put your credit card number on this form).

Name on Card: _____ Amount to be charged: \$ _____

Authorized signature: _____

Office use only:	Amount Paid: _____	Type of Payment _____
Receipt # _____	Conf. Date: _____	Conf. by: _____

