

## Group Tour Request and Guided Program Form



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 Email: Ambur Gossen, Horticultural Interpreter at [ambur.gossen@springfieldmo.gov](mailto:ambur.gossen@springfieldmo.gov)

*Arrangements for guided programs should be made no less than 72 hours prior to visit. Rain dates and cancellations will be scheduled as needed without additional charge. Please ensure the best contact person and # is provided.*

Group or Organization Name \_\_\_\_\_ Expected Attendance: \_\_\_\_\_

Visit Date(s) and Time(s): Day: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Start Time: \_\_\_\_ am/pm – End Time: \_\_\_\_ am/pm

**Self-guided Event Description:** *(permits required for gatherings of 30+. Access granted first come, first served. Limited park capacity. Please let us know park locations and intended activities including desired picnic area, playgrounds, setups.)*

**Guided Activities and Education Programs:**

Item	Enter # of Participants	Fee	Total
<b>Educational Fieldtrip</b>	_____	<b>\$25/group 12&gt;; add \$2/each</b>	
<b>Circle Topic</b>	Write in other:		
A. Butterflies at the Bfly House			
B. Plant Parts and You			
C. Seeds			
D. Plant Superpowers			
E. Alien Invaders			
<b>1hr Walking Garden Guide</b>	_____	<b>@ \$25/group 12&gt;; add \$2/each</b>	=
<b>Circle Garden Tour</b>	Write in other:		
A. Japanese Stroll Garden			
B. MG Demonstration Gardens			
C. Butterfly House and Gardens			
D. Ornamental Collections			
1.25 hr Guided Golf Cart Tour	_____	<b>@ \$50/ 1-14 people per ride</b>	=
Japanese Garden Group Rate	_____	<b>@ \$4/pp age 13+; \$3 age 3-12</b>	=

**LEADER INFORMATION**

**GRAND Total =** \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
 Street City State ZIP

Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Cell Work

**Office Use:**

Staff approval/ guide for activity: \_\_\_\_\_ date: \_\_\_\_\_

Invoice # \_\_\_\_\_ sent via: snail mail or e-mail to: \_\_\_\_\_ date \_\_\_\_\_ Initials \_\_\_\_\_

\$ \_\_\_\_\_ collected on \_\_\_\_\_ Transaction # \_\_\_\_\_ Initials \_\_\_\_\_