

## Adult Group Request Form



2400 S Scenic, Springfield, MO 65807, PH: 417-891-1515, FAX: 417-823-4818, e-mail: [kkeith@springfieldmo.gov](mailto:kkeith@springfieldmo.gov)



***The Springfield-Greene County Botanical Center is pleased to offer guided garden tours and indoor programs for adults interested in learning more! To discuss possible topics, contact the Botanical Center. Arrangements should be made no less than 72 hours prior to visit. Rain dates and cancellations will be scheduled as needed without additional charge. Please insure the best contact person and # is provided. Check all areas of interest below:***

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:** *(please let us know park locations and intended activities)* \_\_\_\_\_

**Guided Activities and Education Programs:**

Item	Enter # of Participants	Fee	Total
1hr Walking Garden Guide	_____	@ \$25/group 12>; add \$2/each	=
1.25 hr Guided Tram Tour	_____	@ \$50 per group of 20max	=
30min Butterfly House Program	_____	@ \$25/ group 12>; add \$3/each	=
Japanese Garden Admission	_____	@ \$3/per	=
1 hr Japanese Garden Guide	_____	@ \$25 group 12>; add \$2/each	=
East Mtg Room w/AV for lecture	<b>1hour</b>	@ \$25	=
West Meeting Room w/kitchen	<b>1hour</b>	@ \$30	=
Nathanael Greene Pavilion	4 hours 11a-3p or 4p-8p	@ \$40	=

**LEADER INFORMATION**

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_  

Street
City
State
ZIP

Phone: \_\_\_\_\_ Email: \_\_\_\_\_  

Cell
Work

**Office Use:**  
 Parks recommendation: \_\_\_\_ Approve \_\_\_\_ Deny By \_\_\_\_\_ date: \_\_\_\_\_  
 Staff/leader &/or Butterfly &/or Japanese Coordinator Contacted Y / N By \_\_\_\_\_ date: \_\_\_\_\_  
 Trip Notified of Approval/Denial By \_\_\_\_\_ date \_\_\_\_\_  
 \$ \_\_\_\_\_ collected on \_\_\_\_\_ Transaction # \_\_\_\_\_ Initials \_\_\_\_\_