



Schools and Youth Group Request Form

2400 S Scenic, Springfield, MO 65807, 417-891-1515, FAX: 417-823-4818, e-mail: bsday@springfieldmo.gov

Please register your group whether you plan to self-guide or participate in programs.

Arrangements should be made no less than 72 hours prior to visit. Check all areas of interest below. Rain plans or rescheduling as needed. Please insure the best contact person and phone number is included.

School, Group or Organization Name: _____ Expected Attendance: _____

Grade/Age: _____ Special Needs requirements: _____

Purpose or Learning Objective: _____

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) _____

Picnic Area please: #1, 2, 3, 4: _____ Nathanael Greene (Playground) _____ Japanese Garden _____ Lake Drummond
 other, describe location _____

Item	Enter # of Participants	Fee	Total
Self-guided activities		FREE	
Play Trail		FREE	
1hr Walking Garden Guide	_____ @	\$25/per group of 20	=
1 hr Guided Tram Tour	_____ @	\$50/per group of 20	=
30 min Butterfly House + 30 classroom Program	_____ @	\$2/student + program (May – September) (\$25 min)	=
Japanese Garden Admission	_____ @	\$3/per adult, 12-Under Free (April – October) group rate	=
Choose 1 of 5: Super Powers (Adaptations) / Seeds/ Soils / Plant Parts / Alien Invaders	_____ @	\$2/student (\$25 min)	=

LEADER INFORMATION

GRAND Total = _____

Name: _____

Address: _____
 Street City State Zip

Phone: _____ Email: _____
 Cell Work

Office Use:
 Staff recommendation: ___ Approve ___ Deny By _____ date: _____
 Trip Notified of Approval/Denial By _____ date _____
 \$ _____ collected on _____ Transaction # _____ Initials _____