

Garden Tour Request Form 2010

Group name: _____

Contact person: _____ Phone number: _____

Requested Day/Date: _____ (please submit a minimum of 2 weeks prior)

Requested Time: _____ # Guests: _____

***Please allow a minimum of 1 hour for your tour, please take gathering & travel time from your host hotel into consideration when requesting your tour start time.*

_____ Tour for up to 10 Guests \$75 donation _____ Tour for up to 30 Guests \$175 donation

_____ Tour for up to 20 Guests \$125 donation _____ Tours for up to 40 Guests \$225 donation

*** Please contact Garden Office for tours over 40 Guests and for Senior Group Discounts.

Please return this form with your contribution to:

Betty Ford Alpine Gardens
183 Gore Creek Drive, Suite 7
Vail, Colorado 81657
970-476-0103 ext. 3
970-476-1685 fax

*All donations are non-refundable. We are a Colorado non-profit organization.
Your donation will help preserve the beauty of the Gardens for future generations to enjoy.*

Name of Cardholder: _____

CC#: _____ Exp : _____

Signature: _____

E-Mail Address: _____

Street Address: _____

City, State, Zip: _____

Your tour will be confirmed by e-mail upon receipt of this agreement and donation.
For further information, please call our office, 970-476-0103.

Office use only:

Rcpt. Of payment: _____ TOV notified: _____ Calendar: _____