Garden Tour Reservation Form
Zilker Botanical Garden
* 2220 Barton Springs Rd * Austin, TX 78746
Parks and Recreation Department
(512) 477-8672 ext. 10  Fax: (512) 481-8254
Email: ZBGReservations@austintexas.gov

Date: _______________

Date(s) Requested: __________________________ Arrival Time: _______________
(Two weeks advance notice required for docent tours, cancellation, or changes to reservation.)

School / Organization: _____________________________ School District: ___________

Contact Name: ______________________________________

Mailing Address: ____________________________________________

Phone: ______________ Cell: ______________ Fax: ______________

Email: __________________________________________

Grade Level: _________ # of Classes _________ # of Students _________

# of Teachers: _________ # of Parents _________ (We suggest 1 adult for every 8 students)

Self-Guided: _________ Admission to Zilker Botanical Garden is $2.00 for adults, Austin Resident
(ages 13-61), $3 Adults, Non-Resident (ages 13-61) $1.00 for child
(ages 3-12), $1 for Seniors (ages 62 & over). Visit website:

Docent-Led: _________ All docent requests will be forwarded to Marion Alsup, President of the
Zilker Docent Club of the Austin Area Garden Center, Inc. She will
contact you directly to confirm the availability of a docent for your
group. The docent club requests a $1.00 donation per student ($2.00
per adult) to lead the tour, in addition to the admission, please discuss
this with her if this creates a hardship for your school or group.)

Other (i.e. special needs) _____________________________________________________________

Note: Picnicking facilities are located in the Zilker Park area. No food or picnicking permitted in
the botanical garden. You can call 974-6797 to reserve the picnic tables for your group. After
dropping off students school buses must park at Zilker Park parking lots or under the MoPac
Bridge on Stratford Drive. Teachers will need to confirm pick up times with the bus drivers.

Special Instructions / Comments: ________________________________________________

__________________________________________

Return completed form via Fax, Mail or Email

Department Use Only:
Entered into Calendar: ____________________________________________________________
Contacted Group Contact: ___________________________________________________________
Contacted Docent Coordinator (if applicable): __________________________________________