



**Naples Botanical Garden**  
Sensory Program Reservation Sheet

Sensory Program

Please note that a minimum of one and a maximum of two caregivers must accompany each client.

Name of client: \_\_\_\_\_

Program Date scheduled: \_\_\_\_\_

Name of Caregiver(s): \_\_\_\_\_

Caregiver Telephone: \_\_\_\_\_ Cellphone: \_\_\_\_\_

Caregiver Email: \_\_\_\_\_

Does the client use a walker? Yes No

Does the client use a wheelchair? Yes No

If yes, does the client need to borrow a Garden wheelchair? Yes No

Will the patient need transportation directly to the Enabling Garden or will he/she enjoy the stroll through the Asian Garden? Yes No

How did you hear about the program?

\_\_\_\_\_

Payment Amount: \$5.00 per client, no charge for caregiver

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As a caregiver of \_\_\_\_\_, I consent to the above release, signature thereto, and to the uses therein set forth.

\_\_\_\_\_

Caregiver Name (Printed, Signature, Date)