2020 Master Gardener Bus Tour

WHEN: APRIL 22-23-24
PRICE PER PERSON: $400.00
SINGLE OCCUPANCY RATE: $547.00

These prices include, Bus fee and tip, Hotel, all admission fees

Plus, all meals are included!!
Our hotel provides breakfast

**Pick-up Location: Leavenworth Extension Office in Lansing

**Back by popular demand are four drawings for cash of $25.00. Who will be one of the lucky ones this year?

Registration and non-refundable deposit of $200.00 per person must be received by March 1st to reserve your spot.

Any remaining balance is due on April 1st.

You can register by sending a completed registration form and payment to the:

Leavenworth Co. Extension – Leavenworth Office
613 Holiday Plaza, Lansing, Ks. 66043

For additional information contact:
Leavenworth Co. Extension 913-364-5700

Maybe we will throw some rolls along the way!
Wednesday, April 22nd
7:00 am - Depart Leavenworth County Extension Office
***613 Holiday Plaza, Lansing, KS 66048
9:30 am - Arrive in Nevada, Missouri (half-hour break at Pilot Travel Center)
12:00 pm - Arrive in Bentonville for Lunch (Tusk and Trotter)
1:30 pm - Leave lunch and go to Crystal Bridges
   And the square (1:30-4:00)
4:00 pm - Compton Gardens (4:00-5:00)
5:30 pm - Hotel in Bentonville
7:00 pm - Dinner in Bentonville (Fred’s Hickory Inn)

Thursday, April 23rd
9:00 am - Leave Hotel
9:30 am - Shiloh Museum (9:30-11:30)
11:00 am - Drive to Fayetteville
12:00 pm - Lunch and the Square (Cheers at the OPO) (12:00-2:30)
2:30 pm - Drive to Botanical Gardens of the Ozarks (3:00-5:00)
5:00 pm - Headquarters House Grounds Tour
6:30 pm - Dinner at Catfish Hole
8:00 pm - Back to the Hotel

Friday, April 24th
8:00 am - Leave Hotel and drive to Eureka Springs (8:00-9:00)
9:00 am - Blue Springs Heritage Center and Covenant Gardens (9:00-11:00)
11:30 am - Leave Eureka Springs
1:00 pm - Lunch at Lamberts in Ozark, Mo (1:00-2:30)
2:30 pm - Drive to Springfield to Botanical Garden
3:00 pm - Botanical Garden (3:00-4:30)
4:30 pm - Leave Springfield
7:00 pm - Arrive in Lansing

K-STATE
Research and Extension | Master Gardener
2020 Master Gardener Bus Tour Reservation Form

Please submit one form per person. Forms will be dated when received. Registration is first come, first served.

**Space is limited so make sure to register early!**

Name: ________________________________________________

Address: ________________________________________________

City, State, Zip Code: ________________________________________________

Emergency Contact: ________________________________________________

Phone Number: __________________________ Relationship: __________________________

*****Dietary Restrictions: ________________________________________________

Select One: __________________________ Double Occupancy $400.00 per person

_________________________ Single Occupancy $547.00 per person

Preferred Roommate: ________________________________________________

A reservation form and non-refundable deposit of

$200.00 per person must be received no later than March 1st.

Remaining balance is due April 1st.

Please made check payable to:

Leavenworth Extension Office
613 Holiday Plaza, Lansing, KS 66043

Amount enclosed: $__________________

K-STATE
Research and Extension Master Gardener
2020 Master Gardener Bus Tour
HEALTH CARD – PLEASE PRINT
ONE CARD PER PERSON

Name: __________________________________________ Age: _____ Blood Type: ________

Please List any food or medication allergies:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Please list all medications that you are currently taking:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Health Insurance Company: ___________________________ Policy Number: __________________

Emergency Contact: ___________________________ Relationship: ___________________________

Phone Numbers: ___________________________

Please Return to the Extension Office by April 1st.
All information will be kept confidential and only used in an emergency.

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