Return by September 26, 2025

Botanical Garden of the Piedmont

We'll grow together

Tell us something unique about yourself. Why are you interested in this program? Email your reply and a photo of the completed form to programs@piedmontgarden.org

* Required

Youth Participant Information

Applicant's Full Legal Name (first, middle, last) *

_____

Applicant's email address (if willing to provide)

_____

Applicant's age as of June 30, 2025 *

_____

Current high school *

_____

Applicants will be selected based on enthusiasm. We will manage a waitlist through the registration process. Would you like to be added to the waitlist if the program is full?

_____

Primary Care Contact Name (first, last) *

_____

Relationship to Youth Participant *

_____

Primary Contact Phone # *

_____

Primary Contact Email # *

_____