



City of Gaithersburg Winter Lights Walk and Trolley Rides

Seneca Creek State Park

301-258-6350

www.gaithersburgmd.gov

Walk one mile thru Teddy Bear Land

Ride three miles in an open air trolley (will not include Teddy Bear Land)



Monday, November 30th

(rain date December 1)

Walk and Trolley: 6 – 9 p.m.

Last departure time for walkers and trolley riders is at 8:30 p.m. Program ends at 9 p.m.
If you plan to walk and ride please plan enough time to allow for both activities.

Field parking will be available for walkers. Trolley riders will park at Park Visitor Center.
Limited space available for trolley rides. Online registration recommended.



No pets, bikes, scooters, roller skates of any kind, listening devices or alcohol will be permitted. No Refunds.

REGISTRATION

WALK
\$3 per City Resident
\$4 per Nonresident

TROLLEY RIDE
\$3 per City Resident
\$4 per Nonresident

NO discount coupons, complimentary passes, or lifetime passes may be used.
Children under 2 participate for free, but must be in a stroller for walk area.
All children under 18 must be accompanied by an adult.

Walkers #28656
 Trolley Riders #28657
 Both

PLEASE PRINT

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
E-mail: _____

Total number of Trolley Riders _____
Total number of Walkers _____
Number of Residents _____ x \$3 = \$ _____
Number of Nonresidents _____ x \$4 = \$ _____
Number of Kids 2 and under _____ FREE
TOTAL \$ _____

The City of Gaithersburg is committed to making reasonable accommodations as required by the Americans with Disabilities Act. Requests must be made prior to the start of the program. Please call 301-258-6350 to indicate what accommodations are needed.

I hereby grant permission for me/my child to attend the activity sponsored by the City of Gaithersburg. I understand that I am responsible for me/my child's insurance in case of injury. Furthermore, I understand that although safety precautions will be observed, the City of Gaithersburg, employees and agents will not be responsible for any personal property lost by me/my child or for any injury sustained in the program. I also consent to the City's use of any photographs and/or video tapes made of the program.

Print Participant or Parent/Guardian Name

Signature of Participant or Parent/Guardian

PAYMENT

Amount Paid \$ _____ Cash Check # _____
Visa/MC/DISC# _____ Exp.Date ____/____
Signature (name on card) _____
Print Name _____

OFFICE USE ONLY:

Rec'd: _____ Initials _____
W M F Resident: Y N
Pr: _____
Date _____