



Gaithersburg
A CHARACTER COUNTS! CITY



Drop-off and Pick-up locations will be at the Activity Center at Bohrer Park

For more information contact
Jesse A. Green 301-258-6350 ext: 165
jgreen@gaitersburgmd.gov
506 South Frederick Avenue
Gaithersburg, MD 20877

Join us on a Spring Break trip to

Six Flags!

13710 Central Ave, Upper Marlboro, MD 20774

Activity # 39548



**WHEN: Tuesday April 15, 2014
9:00am - 7:00 pm**

WHERE: Six Flags America

**COST: \$39 GYC Members
\$45 Non-Members**

**Please make checks payable to the City of Gaithersburg.
Participants will need to bring \$\$\$ for lunch and snacks!**

Spring Break Trip to Six Flags

Check here if new address/phone since last time registered.

Payer's Last Name _____ Payer's First Name _____
Address _____ City/State/Zip _____
Home Phone _____ Work Phone _____ City Resident Nonresident
Email _____

Participant's Name	Sex M/F	Birthdate M/D/Y	Activity Name	Activity #	Location	Start Date	Grade	School	Fee
			Six Flags	39548	GYC				
			Six Flags	39548	GYC				

Total \$

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 my/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 any injury sustained in the program. I also consent to the City's use of any photographs an/or video tapes made of the program.

_____ **Print Parent/Guardian Name**

_____ **Signature of Parent/Guardian**

Does your child have any allergies, medications or conditions that may affect participation in the program? **Y** **N**

Please specify:

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

Office Use Only: 39548
 Rec'd: _____ Initials _____
 W P M F Resident: Y N
 Pr: _____ Date: _____