

Return Forms to Activity Center!

City of Gaithersburg 301-258-6350 www.gaithersburgmd.gov



Orioles Ballpark & Stadium Tour At Camden Yards in Baltimore

Thursday, March 24, 2016
8:30-4:30pm



Participants will tour Camden Yards including the museum and trophy room, the bull pen, dug out, club level suites, concourse, press level, track and much more!
Children may bring money for gift shop.

Drop off/Pick Up at Activity Center at Bohrer Park (506 S. Frederick Ave)

- Registration is limited to the first 60 participants
- Please make sure to pack a lunch for your child
- Cost: Resident \$21/ Nonresident \$26
- \$3 late fee per 10 minutes will be charged to parents arriving late to pick up after 4:30pm
- We will leave the Activity Center at 9:45am for Baltimore & arrive back around 3:30pm



Questions? Contact Sydney Stasch at 301-258-6350 ext.126 or sstasch@gaitersburgmd.gov

DO NOT RETURN FORM TO SCHOOL

Mail registration form to: Activity Center, 506 S. Frederick Ave., Gaithersburg, MD 20877

or fax to: 301-948-8364, or register online at www.gaithersburgmd.gov/recxpress Checks made payable to the City of Gaithersburg. Visa, MasterCard and Discover cards accepted

Orioles Ballpark Tour Registration Form Activity # 42991

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

Parent's Last Name _____ Parent's First Name _____

Address _____ City/State/Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Contact _____ Emergency Contact Number _____

Email _____

Participant's Name	Sex M/F	Birthdate M/D/Y	Activity Name	Activity #	Location	Grade	Your School	Fee
Example: Colin Ryan	M	03/02/07	Tour	42991	AC	3	BSES	\$\$
			Tour	42991	AC			
			Tour	42991	AC			

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

The City of Gaithersburg is committed to making reasonable accommodations as required by the Americans with Disabilities Act. Requests must be made at least 3 weeks prior to the start of the program. Please indicate what accommodations are needed:

I hereby grant permission for my child to attend the afterschool program sponsored by the City of Gaithersburg. I understand that I am responsible for 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 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. I allow my child to be transported to and from site on these days in which there are any field trips.

Print Parent/Guardian Name _____ Signature of Parent/Guardian _____

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

Office Use Only: # 42991
 Rec'd: _____ Initials _____
 W P M F Resident: Y N
 Pr: _____ RW _____

