

Gaithersburg Youth Center Trip (Grades 6-8)

MARC TRAIN & DC SIGHT SEEING

Tue., Nov. 8 8am-3:00pm

\$20
Members Only



JAVA JUNCTION
5 S SUMMIT AVE.
GAITHERSBURG, MD 20877

UNION STATION
50 MASSACHUSETTS AVE NE
WASHINGTON, DC 20002

PLEASE BRING A BAG LUNCH FOR THIS TRIP!

JOIN US FOR A TRAIN RIDE TO DC AND A PHOTO SCAVENGER HUNT!

PLEASE MEET AT **JAVA JUNCTION** IN OLDE TOWNE GAITHERSBURG BY **8:00AM SHARP** TO CATCH THE MARC TRAIN.

PARTICIPANTS WILL RETURN TO THE GAITHERSBURG YOUTH CENTER AT **3:00PM**

Trip participants will be returned to the GYC and are welcome to stay until it closes at 6:00pm.

****Program participants may be in groups which may or may not include a staff member****

Registration Information:

Return Permission Slip & Payment to **City of Gaithersburg:**

Activity Center/GYC Trip
506 S. Frederick Ave.
Gaithersburg, MD 20877

Or fax form to 301-948-8364

Checks made payable to the **City of Gaithersburg**. Visa, Discover, MasterCard, & AMEX accepted.



Questions? Call Maura Dinwiddie or Jake Hersom at 301-258-6350
Gaithersburg Parks, Recreation & Culture - Move...Play...Grow

MARC TRAIN & DC SIGHT SEEING 11/8/16 #45704

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

Parent's Last Name _____ Parent'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 # | Date | Grade | School | Fee |
|--------------------|---------|-----------------|-----------------|------------|---------|-------|--------|------|
| | | | DC Sight Seeing | 45704 | 11/8/16 | | | \$20 |

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: _____

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.

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

Office Use Only: 45704
Rec'd: _____ Initials _____
W P M F Resident: Y N
Pr: _____ Date: _____