

# Drum Lessons



**Fridays, October 7, 14, 21, 28**  
**4:30 - 5:30pm**

**Olde Towne Youth Center, GYC Studios**  
 (Across from GMS)  
 301 Teachers Way  
 Gaithersburg, MD 20877

**\$20.00 (price covers all 4 lessons)**  
**GYC & Student Union Members only**  
**Grades 6-12**



Questions? Contact Justin Thomas at 301-258-6440  
 jthomas2@gaitthersburgmd.gov

*Learn how to play the drum set like a pro! Lessons include professional instruction with Justin Thomas on the fundamentals of Rock, Funk, and Hip Hop drumming.*  
**SPACE IS LIMITED 5 SLOTS! REGISTER EARLY!**

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

## Group Drum Lessons: October 7, 14, 21, 28

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 #	Location	Start Date	Grade	School
			Drum Lessons	45676	OTYC	10/7/16		
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*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 and/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 # \_\_\_\_\_  
 \*Make checks payable to the City of Gaithersburg  
 Visa/MC/Disc/Amex \_\_\_\_\_ Exp. Date \_\_\_/\_\_\_  
 Signature (name on card) \_\_\_\_\_  
 Print Name \_\_\_\_\_

**Office Use Only: # 45676**  
 Rec'd: \_\_\_\_\_ Initials \_\_\_\_\_  
 W P M F Resident: Y N  
 Pr: \_\_\_\_\_ Date: \_\_\_\_\_