



Gaithersburg
A CHARACTER COUNTS! City

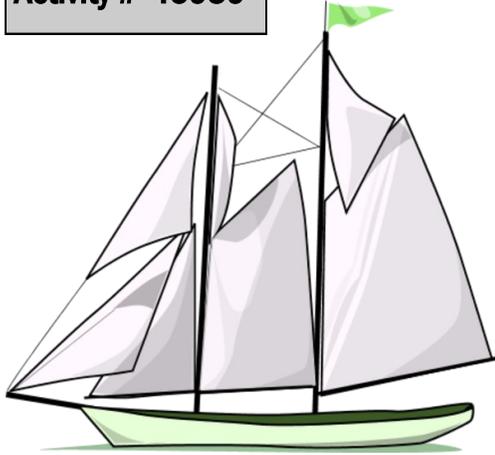
City of Gaithersburg

301-258-6350

www.gaithersburgmd.gov

BALTIMORE HARBOR & BOAT TOURS

Activity # 45939



Questions?

Call Maura Dinwiddie or Sara Morgan
301-258-6350 or 301-258-6440
mdinwiddie@gaitersburgmd.gov
smorgan@gaitersburgmd.gov

GYC & Student Union Members, grades 6-12

Meet at Olde Towne Youth Center (301 Teachers Way)

Destination: Baltimore Harbor

Pier I 301 East Pratt Street Baltimore, MD 21202

Friday, July 15, 2016

10:00 am - 4:30pm*

*The trip returns at 4:30pm, but the Youth Center will be open until 6pm if participants want to stay

\$20- Includes optional lunch. Members may also bring money to purchase food and drinks.

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.

Baltimore Harbor & Ship Tour GYC & Student Union - 7/15/16

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 |
|--------------------|------------|--------------------|---------------|------------|----------|------------|-------|--------|---------|
| | | | Baltimore | 45440 | | 7/15/16 | | | \$20.00 |
| | | | Baltimore | 45440 | | 7/15/16 | | | \$20.00 |

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 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 # _____
 Visa/MC# _____ Exp. Date ___/___
 Signature (name on card) _____
 Print Name _____

Office Use Only: # 45440
 Rec'd: _____ Initials _____
 W P M F Resident: Y N
 Pr: _____ Date: _____