



Gaithersburg
A CHARACTER COUNTS! City

City of Gaithersburg

301-258-6350

www.gaithersburgmd.gov

Herr's Chip Factory Oxford Farmer's Market

Activity # 45441



GYC & Student Union Members, grades 6-12

Departs from/returns to the Olde Towne Youth Center (301 Teachers Way)
Destinations: Herr's Chip Factory (271 Old Baltimore Pike Nottingham, PA)
& Oxford Farmer's Market (193 Limestone Rd Oxford, PA)

Friday, July 22, 2016

8:00 am - 4:15pm*

*The trip returns at 4:15pm, but the Youth Center will be open until 6pm if participants want to stay

\$15- Optional bag lunch is provided. Members can bring snacks or money to purchase food.

Questions?

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

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.

Herr's Chip Factory & Oxford Farmer's Market GYC & Student Union - 7/22/16

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 |
|--------------------|------------|--------------------|---------------|---------------|----------|---------------|-------|--------|---------|
| | | | Herr's Chip | 45441 | | 7/22/16 | | | \$15.00 |
| | | | Herr's Chip | 45441 | | 7/22/16 | | | \$15.00 |

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: # 45441

Rec'd: _____ Initials _____

W P M F Resident: Y N

Pr: _____ Date: _____