

Student Union & Gaithersburg Youth Club Trip



HERSHEY PARK

Friday, Aug 19
8am-6pm

\$45
Members Only

OLDE TOWNE YOUTH CENTER 301 TEACHERS WAY GAITHERSBURG, MD 20877	HERSHEY PARK 100 HERSHEY PARK DR HERSHEY, PA 17033
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Return Form & Payment to:
Olde Towne Youth Center
301 Teachers Way
Activity Center
506 S Frederick Ave
Or fax form to 301-948-8364
Checks made payable to the
City of Gaithersburg. Visa,
Discover, MasterCard, &
AMEX accepted.

JOIN US FOR A SWEET TRIP TO HERSHEY PARK

THE TRIP WILL DEPART FROM THE OLDE TOWNE YOUTH CENTER AT 8:00AM AND RETURN TO THE OLDE TOWNE YOUTH CENTER AT 6:00PM

PARENTS MUST PICK UP THEIR MEMBER FROM THE YOUTH CENTER AT THE CONCLUSION OF THE TRIP.

OPTIONAL LUNCH PROVIDED. BRING MONEY FOR EXTRA SNACKS OR SOUVENIERS.

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

Questions? Call Maura Dinwiddie or Sara Morgan at 301-258-6350 or 301-258-6440

GYC & Student Union - Hershey Park 8/19/16 #45662

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
			Hershey Park	45662	8/19/16			\$45

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: _____

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: 45662

Rec'd: _____ Initials _____

W P M F Resident: Y N

Pr: _____ Date: _____

