



**Gaithersburg**  
A CHARACTER COUNTS! City

City of Gaithersburg

301-258-6350

www.gaithersburgmd.gov

# Movies at Germantown Regal



Activity # 45661

20000 Century Blvd, Germantown, MD 20874

**GYC & Student Union Members, grades 6-12**

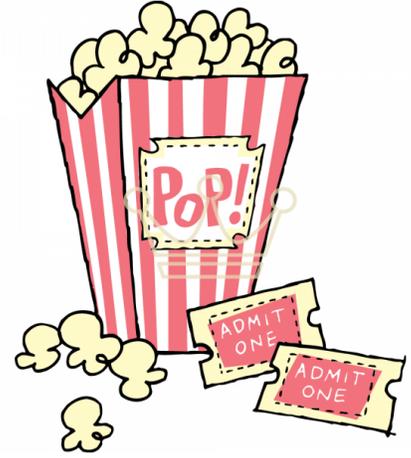
**Departs from/returns to the Olde Towne Youth Center  
301 Teachers Way**

**Friday, August 26, 2016**

**10:00 am - 2:00pm**

The trip returns at 2:00pm, but the Youth Center will be open until 6pm.

**\$10 - Movie TBA. Fee includes optional lunch at Youth Center.  
Bring money if you want to purchase food at theater.**



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.

## Movie - GYC & Student Union - 8/26/16

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
			Movie	45661	OTYC	8/26/16			
			Movie	45661	OTYC	8/26/16			

**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: # 45661**

Rec'd: \_\_\_\_\_ Initials \_\_\_\_\_

W P M F Resident: Y N

Pr: \_\_\_\_\_ Date: \_\_\_\_\_