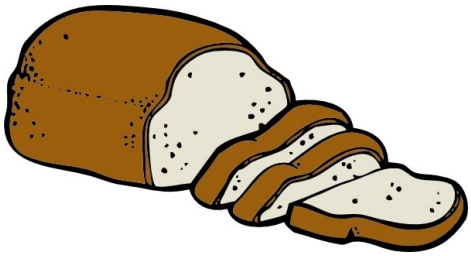
RETURN FORMS TO THE YOUTH CENTERS OR ACTIVITY CENTER AT BOHRER PARK

BAKE FOR GOOD

Monday, November 12, 2018
12:00-5:00pm



Activity Center at Bohrer Park

506 S Frederick Ave
Gaithersburg, MD 20877

Student Union & Forever Sisters (Grades 9-12)

SSL HOURS!

StudentUnion@gaithersburgmd.gov
301-258-6350 office)
301-948-8364 (fax)
506 South Frederick Avenue
Gaithersburg, MD 20877

Students will participate in the self-directed Bake for Good program made possible by King Arthur Flour. Volunteers will bake bread and scones for donations to address food insecurities in the community. Wear close-toed shoes. Space is limited.

Student Union & Forever Sisters - Bake for Good 11.12.18

Parent's Last Name_____ Parent's First Name_____
Address _____City/State/Zip_____
Home Phone_____ Work Phone _____ City Resident □ Nonresident □
Email _____

Participant's Name	M/F	Birthdate	Activity	Location	Grade	School
			Bake for Good	ACBP		
			Bake for Good	ACBP		

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 at least three weeks prior to the start of the program. Call 301-258-6350 to indicate what accommodations are needed.

Amount Paid $ ____n/a_____ Cash □ Check # _____
Visa/MC/Disc/Amex# _____ Exp. ___/___
Signature (name on card) _____
Print Name_____

Office Use Only: fwd to Maura
Rec'd:_____ Initials _____
W P M F Resident: Y N
Pr: _____ Date:_____