

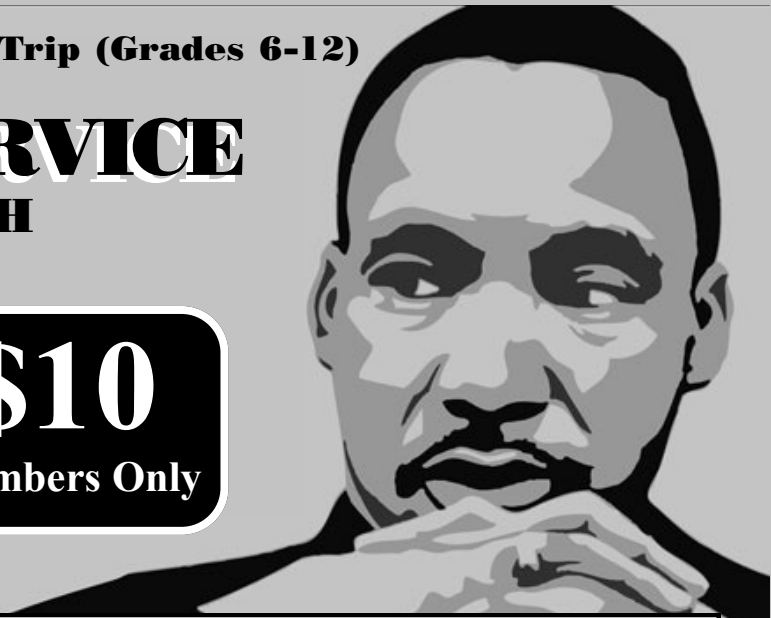
**Gaithersburg Youth Center/Student Union Trip (Grades 6-12)**

# MILK DAY OF SERVICE

## AND A PIZZA LUNCH

**Monday, Jan. 21**  
**8:30am-3:30pm**

**\$10**  
**Members Only**



**BOHRER PARK ACTIVITY CENTER**  
 506 S. FREDERICK AVE.  
 GAITHERSBURG, MD 20877

**SENECA CREEK COMM CHURCH**  
 13 FIRSTFIELD ROAD,  
 GAITHERSBURG, MD 20878

**ROBERTSON PARK GYC**  
 801 RABBITT RD,  
 GAITHERSBURG, MD 20878

**Registration Information:**

Return Permission Slip &  
 Payment to **City of Gaithersburg:**

Activity Center/GYC Trip  
 506 S. Frederick Ave.  
 Gaithersburg, MD 20877

Or fax form to  
 301-948-8364

Checks made payable to the  
**City of Gaithersburg.**  
 Visa, Discover, Master-  
 Card, & AMEX accepted.

<b>BOHRER PARK ACTIVITY CENTER</b> 506 S. FREDERICK AVE. GAITHERSBURG, MD 20877	<b>SENECA CREEK COMM CHURCH</b> 13 FIRSTFIELD ROAD, GAITHERSBURG, MD 20878	<b>ROBERTSON PARK GYC</b> 801 RABBITT RD, GAITHERSBURG, MD 20878
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**THE TRIP WILL DEPART FROM THE ACTIVITY CENTER AT 8:30AM & RETURN TO THE ACTIVITY CENTER AT 3:30PM.**

**PARENTS MUST PICK UP THEIR CHILD FROM THE ACTIVITY CENTER AT THE CONCLUSION OF THE TRIP.**

**PLEASE COME TO THIS EVENT READY TO WORK!**

**VOLUNTEERS WILL RECEIVE SSL HOURS AT THE TRIP'S CONCLUSION.**

**Questions? Call Maura Dinwiddie or Jake Hersom at 301-258-6350**  
**Gaithersburg Parks, Recreation & Culture - Move...Play...Grow**

**MLK Day of Service 1/21/19 #7113**

Parent's Last Name \_\_\_\_\_ Parent's First Name \_\_\_\_\_  
 Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Participant's Name	Birthdate M/D/Y	Activity Name	Activity #	Date	Grade	School	Fee
		MLK Day of Service	7113	1/21/19			\$10

*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 # \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Visa/MC/DISC/AMEX# \_\_\_\_\_  
 Signature (name on card) \_\_\_\_\_  
 Print Name \_\_\_\_\_

**Office Use Only: 7113**  
 Rec'd: \_\_\_\_\_ Initials \_\_\_\_\_  
 W P M F Resident: Y N  
 Pr: \_\_\_\_\_ Date: \_\_\_\_\_