

FOREVER SISTERS LOCK-IN

Wear comfortable clothing or pajamas and come ready for an epic night of fun and memory-making! Bring a sleeping bag/blankets and a pillow, but be prepared to stay up late.

Activities include team building games, guest speakers, leadership, self-development, self-expression exercises, and much more. Leave a better version of yourself!

Bring a potluck dish to share.

Supervised by City of Gaithersburg & Wellness Center Staff.

**Friday, January 18, 2019 to
Saturday, January 19, 2019
8:00pm - 7:00am**

Olde Towne Youth Center

(Next to GMS)
301 Teachers Way
Gaithersburg, MD 20877



Forever Sisters



**Forever Sisters &
Courageous Queens
Grades 9 - 12**

Female Student Union members are also welcome!

FREE!!

Bring a potluck dish or snacks/drinks to share.

Forever Sisters: Maura Dinwiddie, 301-258-6350
Maura.Dinwiddie@gaithersburgmd.gov
506 South Frederick Avenue, Gaithersburg, MD 20877
Courageous Queens: Lex Morgan, 301-284-4694
rhoneka.morgan@480club.org
101 Education Blvd., Gaithersburg, MD 20877



Forever Sisters Lock-in: 1/18/19 to 1/19/19

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	Location	Start Date	Grade	School
			Lock-in	ACBP	1/18/19		
			Lock-in	ACBP	1/18/19		

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: