

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

# GAITHERSBURG YOUTH AMBASSADORS

Monday - January 14, 2019

6:00 - 8:30pm

City Hall Council Chambers

31 S Summit Ave. Gaithersburg, MD 20877

Student Union, Grades 9-12

SSL HOURS



GAITHERSBURG STUDENT UNION

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301-258-6350 (office)

301-948-8364 (fax)

506 South Frederick Avenue

Gaithersburg, MD 20877

Student Union members are invited for dinner and a “think tank” before attending a Mayor & City Council Work Session. Meet at City Hall at 6pm and come thinking about what you want to learn about your local government and community, what you want to change, and how you think you can be a part of it all. What you think and do matters!

## Gaithersburg Youth Ambassadors: Mayor & Council Work Session 1.14.19

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
			Mayor & Council	City Hall		

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: Forward to Maura**

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

W P M F Resident: Y N

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