RETURN FORMS TO THE ACTIVITY CENTER AT BOHRER PARK

Volunteer at the St. Patrick's Day Parade

Saturday - March 14, 2020
7:00am - 12:00pm

Activity Center at Bohrer Park
506 S Frederick Ave. Gaithersburg, MD 20877
Transportation provided to/from Washingtonian Center.

Student Union (grades 9-12)
SSL Hours!

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

Inflate and distribute balloons to parade-goers and march with City programs in the parade!

WEAR GREEN!

BRING SNACKS OR MONEY FOR FOOD.

Please note: At times during the event, volunteers are assigned to locations where they are not under direct staff supervision. Volunteers must work independently for portions of the day and complete assigned tasks to earn SSL Hours.

Gaithersburg
A CHARACTER COUNTS! City

STUDENT UNION
GAITHERSBURG STUDENT UNION

Student Union Volunteers at the St. Patrick's Day Parade 3/14/20

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
			St. Patrick's Parade	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: # 9781
Rec'd:_____ Initials _____
W P M F Resident: Y N
Pr: _____ Date:_____