

Drum Lessons



Fridays
Nov 4, 11, 18 & Dec 2
4:30 - 5:30pm

Olde Towne Youth Center, GYC Studios
 (Across from GMS)
 301 Teachers Way
 Gaithersburg, MD 20877

Learn how to play the drum set like a pro! Lessons include professional instruction with Justin Thomas on the fundamentals of Rock, Funk, and Hip Hop drumming.
SPACE IS LIMITED 5 SLOTS! REGISTER EARLY!

\$20.00 (price covers all 4 lessons)
GYC & Student Union Members
Grades 6-12



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.

Questions? Contact Justin Thomas at 301-258-6440
 jthomas2@gaitthersburgmd.gov

Group Drum Lessons: November 4, 11, 18, and December 2

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	Activity #	Location	Start Date	Grade	School
			Drum Lessons		OTYC	11/4/16		
			Drum Lessons		OTYC	11/4/16		

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:

Amount Paid \$ _____ Cash Check # _____
 *Make checks payable to the City of Gaithersburg
 Visa/MC/Disc/Amex _____ Exp. Date ___/___
 Signature (name on card) _____
 Print Name _____

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