

UPCOUNTY CENTER PROGRAMS

Roberto Clemente Middle School
18808 Waring Station Road
Germantown, MD 20874
(301) 601-0381



2009-2010 Center Boston Trip Application

Please return by May 20, 2009

Student's Name: _____

Student's Address: _____

Home Phone #: _____

Mother's Name: _____

Mother's Work #: _____

Father's Name: _____

Father's Work #: _____

Student's DOB: _____

Please hold a seat for my son/daughter for the Boston Trip.

Enclosed is a \$200 deposit.

My child will not be participating in the Boston Trip.

We have read the trip's criteria for participation and understand that participation in the trip is dependent upon complying with these standards.

Parent Signature

Student Signature

FOR OFFICE USE ONLY Application # _____

Pmt #1 Date Check # Amount
 _____ _____ _____

Pmt #2 _____ _____ _____

Pmt #3 _____ _____ _____