

Greene County Department of Parks and Recreation



**Highland Maple Festival
(VA's Little Switzerland)**

Saturday, March 20, 2010

Depart: 8:00 a.m. Return: 7:00 p.m.

Depart from RES

Fee: \$24

Located in the mountains of Virginia's Western Highlands, this festival recreates a unique and informative insight into a rapidly vanishing way of rural American life.

Listed on "Southeast Tourism Society's Top 20 Events" for 16 years and designated a Local Legacy by the Library of Congress.

Farmers in this rural community open their "sugar camps" for visitors to observe the process of making maple syrup, from tree tapping to bottling the finished product. Some highlights of the festival include: all-you-can-eat buckwheat and pancake breakfasts (\$8 charge additional on-site), Arts & Crafts Shows, bluegrass music and clogging.

Price includes transportation, souvenir zoo button, a bottle of water and animal crackers.

Bus departs RES at 8:00a.m. and will return around 7:00p.m.

Registration deadline is Friday March 5, 2010

GREENE COUNTY PARKS AND RECREATION
P.O. Box 358 Stanardsville, VA 22973 434-985-5226
PARTICIPANT REGISTRATION FORM



Participant Name _____
Home Phone _____ Daytime Phone _____
Mailing Address _____ City _____ Zip _____
Trip Date _____ 3/20/10 _____ Fee _____ \$24 _____

The Greene County Department of Parks and Recreation does not provide medical coverage or insurance for individual participants. All medical insurance protection must be provided by the parents or participant. In the event of an emergency, I hereby give my consent for the program supervisor of the Parks and Recreation Department to arrange for medical treatment or Emergency Room treatment by a physician on staff. I also hereby give my consent and approval for my son/daughter/myself to participate in this activity sponsored by the Greene County Department of Parks and Recreation. I will not hold Department Personnel, Instructors, School Personnel or Volunteers responsible in case of accident or injury as a result of my/my child's participation in this program. I understand the risks involved with this activity and know that my child is/I am physically able to participate in this program.

Signature Parent/Guardian/Participant

Print Name—Parent/Guardian/Participant

Date