

**Greene County Department of Parks and Recreation
Smithsonian National Zoo
Washington D.C.**

Friday, June 18, 2010

Depart: 8:00 a.m. Return: 7:30 p.m.

Depart from RES

Fee: \$30



LIONS, TIGERS AND BEARS . . . OH MY! Don't be frightened, this isn't the Wizard of Oz, this is the GCPR trip to the Smithsonian National Zoo in Washington D.C. Along with the above mentioned animals, there will also be giant pandas, gorillas, elephants, orangutans, seals, sea lions and many other animals just waiting for you to come visit them. The National Zoo covers 163 acres of hilly terrain, so wear your most comfortable walking shoes. This is sure to be a memorable day for both kids and adults.



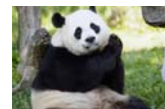
Price includes transportation, souvenir zoo button, a bottle of water and animal crackers.

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

Registration deadline is Friday June 4, 2010

This is a GCPR Activity, please return registration forms to GCPR.

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 _____ 6/18/10 _____ Fee _____ \$30 _____

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