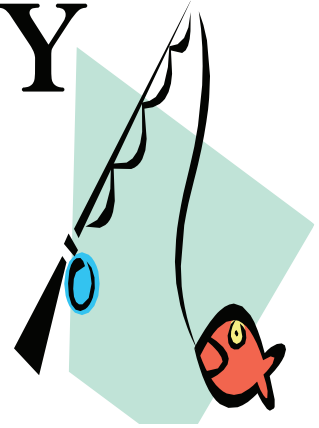


KIDS ALL-AMERICAN FISHING DERBY

Sponsored by Lutherville Timonium Rec. Council
Baltimore Co. Dept. Recreation & Parks

Saturday, June 6, 2009
9:00-11:30 a.m., RAIN OR SHINE!

Held at *SPRINGLAKE PARK, COCKEYSVILLE (Note: location)



This activity is for children and their families.

ALL CHILDREN MUST BE ACCOMPANIED BY AN ADULT.

It's designed to introduce children to the joys and fundamentals of fishing. Experienced fishermen from area clubs will be on hand to help teach participants about setting up their rig, cast-
ing and "Catch and Release".

**BRING YOUR
OWN BAIT**

DOOR PRIZES! SODAS! SNACKS!
REGISTER BY MAIL: DEADLINE - MAY 23, 2009
\$5 Registration Donation per Child
LIMITED TO FIRST 70 REGISTRANTS

For more information call the LTRC Office at 410-887-7684. For special accommodations call the therapeutic office at 410-887-5310, (voice); or 410 887-5319 (TDD DEAF).



**The Lutherville Timonium Recreation Council Wishes to Acknowledge
the Assistance and Support of the Following Groups:**

Baltimore Reservoir Metro Anglers
Dick's Sporting Goods

***Directions to Springlake Park, in Cockeysville:** (Note- location) Take York Road to Cockeysville, turn east onto Padonia Rd. Turn right onto Hartfell Rd. (across from cemetery, by Pot Spring Elem.). Left on Fallsbrook Rd. and Springlake Park is on left, by pool.

FISHING DERBY REGISTRATION FORM

COMPLETE, CUT OFF FORM, AND MAIL WITH CHECK TO:

MAIL IN DEADLINE: May 23, 2009

Donation-: \$5.00 Make Check Payable To: LTRC

LTRC OFFICE

121 E. RIDGELY RD

LUTHERVILLE, MD 21093



CHILD'S NAME _____ Age _____ Phone# _____

Address _____ City _____ ZIP _____

I agree not to Lutherville-Timonium Recreation Council, the Baltimore County Department of Recreation and Parks or any other individual connected with this program responsible for any injury received by my child/ward as a result of my child's participation in this program. I will hold them harmless from any damages whatsoever as a result of any injury. Further, I understand that there is no applicable insurance through the program in the event my child or ward is injured. Finally, I grant my permission in my absence, to the manager or supervisor of this program to authorize medical treatment in case of an emergency.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

BALTIMORE COUNTY DEPARTMENT OF RECREATION AND PARKS