**WALKING TOUR OF ANNAPOLIS**

**Saturday, October 23nd in connection with the NFB of MD State Convention**

**For youth ages 9 -18. Anyone age 16 and older must show photo ID to enter the State House and the Naval Academy**

**Advanced registration is required by October 9, 2010**

**Registration is limited to 15 youth.**I give permission for my child \children to participate in The Walking Tour of Annapolis, a Maryland Parents of Blind Children (MDPOBC) sponsored event on Saturday, October 23, 2010.

I release the Maryland Parents of Blind Children, its Officers, Board of Directors, and Volunteers from responsibility should my child be injured in any way while participating in this event.

Youth and chaperones will meet in the hotel lobby at 11:45, and leave the hotel at 12:00 PM to go to a fast food restaurant for lunch prior to the tour. Watermark Tours Four Century Walking tour will start at 1:30 PM, ending at 3:45 PM. The tour will be guided by a costumed “colonial” guide, starting at the State House and ending at the City Dock area with the Naval Academy being part of the tour along the way. This is a 2 and 1\4 mile walking tour which will occur rain or shine. Appropriate clothing and shoes should be worn. Participating blind youth must use their canes. Age appropriate siblings and other age appropriate youth attending convention may also register. Youth will be supervised by adults who will be encouraging good cane technique and offering pointers along the way.

Register by returning this form to MDPOBC, 7 Todd Court, Thurmont, MD 21788. You may also register by calling Susan at 301-271-2710 or email at [sepolansky@verizon.net](mailto:sepolansky@verizon.net). If you register by phone or email a signed permission form will need to be received prior to the event [can be signed the day of the event]. **Cost payable to MDPOBC: students $4.75**

Name of child/children: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Paid: yes \_\_\_\_\_\_\_\_\_\_\_ no \_\_\_\_\_\_\_\_\_\_\_

Signature parent/guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_