



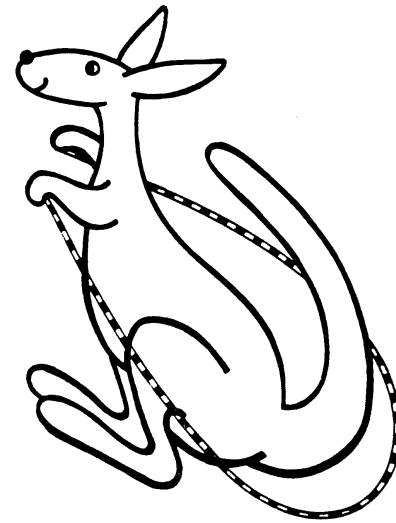
# Howard County Recreation and Parks

## Kangaroo Kids Fall Jump Rope Event



**You are invited to join the Kangaroo Kids on Saturday, November 14, 2009, for a day of fun and fitness.**

The Kangaroo Kids precision jump rope team is offering a day of jump rope instruction at The Glenwood Community Center (2400 Route 97, Cooksville, MD 21723) beginner, intermediate and advanced levels in single rope, double dutch and long rope. This is a great time to learn new jump rope skills and to master your current skills. All jump rope classes are taught by experienced coaches. Participants must be age 6-up, children must be accompanied by an adult. Late registration will be accepted from 8am - 9am the morning of the event. Jump ropes and jump rope related merchandise will be available for purchase during the day. This event runs from 9am to 4pm. **The fee is \$50 per participant (6360.501).**



Traveling from out of state and need a hotel. Use our tournament service for discount prices and insurance if the event is canceled. Click here or enter this link in your browser to reserve your hotel for this tournament: <http://www.thsweb.com/frameaset-eventmain2.cfm?tournamentID=3289> or call 888-536-8326.

For additional information contact Mike Blevins: 410-313-1691 or email [mblevins@howardcountymd.gov](mailto:mblevins@howardcountymd.gov)

**To register**, mail the completed registration form with payment to attn: Registration, Howard County Dept Of Recreation and Parks, 7120 Oakland Mills Road, Columbia, MD 21046-1677. Make check payable to the Director of Finance, Howard County. The finance office will add a \$35 charge for any returned check. Credit card users may register by FAX (410-313-4660), phone (410-313-7275), Mon.-Fri., 8:00am-4:30pm) or Internet ([www.howardcountymd.gov/RAP](http://www.howardcountymd.gov/RAP)). A Minimum 20% Administrative fee applies to refund requests.

**Registration Form: Kangaroo Kids Jump Rope Fall Event 2009 (6360.501) \$50**

Course and Section Number	Program Title	Fee Enclosed	
Name of Registrant	Date of Birth	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Home Phone	Cell Phone	Work Phone	
Street Address	City/State	Zip	
Health problems	Special Accommodations needed		
<b>Credit Card Payment:</b> <input type="checkbox"/> MasterCard or <input type="checkbox"/> Visa Card # _____ / _____ / _____ / _____ Exp. ____/____			
Signature of cardholder	Date	Print Name	

I agree to abide by all Rules and Regulations of the Howard County Dept. Of Recreation and Parks. I agree to hold Howard County, it's employees, officials and agents harmless from any and all claims for damages unless due to the sole negligence of the County, it's employees or agents.

Signature \_\_\_\_\_ Date \_\_\_\_\_

<http://www.thsweb.com/frameset-eventmain2.cfm?tournamentID=3289>