



ANDERSON TOWNSHIP PARK DISTRICT

The Joy of Painting®: Floral, ages 16 and up

Register in advance. *Featuring the Bob Ross® Floral method*

Learn this exciting floral painting method taught by Verna Akin, a Bob Ross trained and certified instructor. Participants will have a finished painting by the end of each class. Each class features a different theme. Students must supply a 16x20 stretched canvas per class date, a roll of paper towels and baby wipes; all other supplies provided. Classes limited to 8 students.

Dates: Tuesdays, May 8 – May 29

Time: 6:00 pm – 9:00 pm

Price: \$45/class (\$160 for all 4) for Residents; \$50/class (\$180 for all 4) for Non-residents

Location: Beech Acres Park RecPlex **Questions?** (513) 388-4513 **Fax:** (513) 231-4190

The Joy of Painting: Floral ~ Spring 2012

Participant's Name _____ Birthdate ___/___/___ Email _____

Parent's Name (if applicable) _____ Phone (h) _____ (w) _____

Address _____ City _____ State _____ Zip _____

List child's allergies, medical conditions, or any medications _____

Emergency Contact Name (different from above) _____ Phone _____

Indicate Class Choice(s): ___ May 8 ___ May 15 ___ May 22 ___ May 29

Price: \$45/class (\$160 for all 4) for Residents; \$50/class (\$180 for all 4) for Non-residents

Total Due: \$ _____

Office Use Only:

Date _____ Time _____ Rec'd By _____ Total Paid \$ _____ Cash _____ CC _____ Check # _____ Ck Name _____ Deposit By _____

Make checks payable & return to: Anderson Township Park District, Beech Acres Park RecPlex • 6915 Beechmont Ave • Cincinnati, OH 45230

Registrations accepted on a first come, first served basis and are subject to the completion of payment and *Release of Liability & Authorization*.

The ATPD may cancel or alter programs pending registration numbers.

RELEASE of LIABILITY & AUTHORIZATION: I hereby release the Anderson Township Park District (ATPD) and Beech Acres Parenting Center and their respective Boards, employees, agents and instructors from all responsibility in the event of accident or injury. I also authorize the ATPD to publish any pictures or video taken during the program for which I've registered, and to use my e-mail address to send me ATPD information.

Parent/Adult Participant Name _____ Signature _____ Date _____

Visa _____ MasterCard _____ Card # _____ 3 Digit Security Code (Located on BACK of Card): _____

Expiration Date _____ Name on card _____