



ANDERSON TOWNSHIP PARK DISTRICT

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

Register in advance. Featuring the Bob Ross® Landscape painting method

Learn this exciting landscape 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, October 5 – November 2 Time: 6:00 pm – 9:00 pm

Price: \$45/class (\$200 for all 5) for Residents; \$50/class (\$225 for all 5) for Non-residents

Location: Beech Acres Park RecPlex Questions? (513) 388-4515 Fax: (513) 231-4190

The Joy of Painting ~ Fall 2010

Participant's Name Birthdate / / Email

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

Address City State Zip

List any allergies, medical conditions, or any medications

Emergency Contact Name (different from above) Phone

Indicate Class Choice(s): Oct 5 Oct 12 Oct 19 Oct 26 Nov 2

Price per Class*: \$45 Residents; \$50 Non-Residents Price for all 5 Classes*: \$200 Residents; \$225 Non-Residents

*Priority consideration is made for those registering for all 5 classes. Total Due: \$

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

Expiration Date Name on card

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 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

For Office Use Only

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