



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, April 10 – May 1 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, Landscape ~ Spring 2012

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): ___ April 10 ___ April 17 ___ April 24 ___ May 1

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

*Priority consideration is made for those registering for all 5 classes. 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 _____