Fall & Winter Painting Workshops

No experience needed! Step by step instruction is given so painting a canvas is something all ages and abilities can do. Let your creativity flow and put your own spin on a pre-selected design (separate designs for each workshop) All necessary supplies provide: including an apron, brushes, 16 x 20 canvas and acrylic paints.

Saturdays, September 7 & January 11, 12:00 P
Mayfield Village Civic Center
$35 per painter/date

Anyone ages 5-10 years must be accompanied by an adult. For anyone who cannot participate independently, a parent or caregiver must be present and available to assist.

Registration deadline: August 28 & January 2.

To Register Through Mayfield Village Parks & Recreation Department
Online: www.mayfieldvillage.com/recreation
Mail/In Person: Mayfield Village Civic Center, 6622 Wilson Mills Rd., Mayfield Village, Ohio, 44143
Over the Phone (MC/Visa/Discover): 440.461.5163   **Fax:** 440.461.2231
Payment Accepted: Cash, Check (payable to Mayfield Village), MC/Visa/Discover

-- --------------------

Painting Class September 2019 & January 2020: Please print clearly.

Participant's Name_____D.O.B_____Male or Female

Home Phone_____Alt #_____

Address_____
            (street)   (city)   (zip)

Parent/Caregiver Email_____

 Class Registering For: _____September 7   and/or   _____January 11

Credit Card Number_____Exp. Date_____*Code_____
            (mastercard/visa/discover)

I (parent/guardian/caregiver) herby release and hold harmless Artfully Mine and Mayfield Village including but not limited to the Parks and Recreation Department, and all employees, agents, and representatives from any and all claims, cost, damages, and liabilities for any injuries sustained by myself (parent/guardian/caregiver)or my minor child's or adult's participation in any program offered by Artfully Mine and Mayfield Village. I (parent/guardian/caregiver) understand that any fees charged for a program do not include accident, or personal property insurance. I further represent that I (parent/guardian/caregiver) and my child/adult are physically capable of participating in the program in which I (parent/guardian/caregiver) or my child /adult are enrolled, based upon consultation with my or my child's/adult's personal physician.

_____   _____

Signature of Participant if over 18 (or Parent or Guardian)   Date