



Color Me Mine Ceramics Workshops For Grades K-5



Session I:
Fun Under the Sun
July 18– 22, 2011

Session II:
Animal Prints
August 1-5, 2011

1:30 PM – 3:00 PM
Community Center Activity Room
289 South Maple Ave, Basking Ridge

Participants will take home 5 completed ceramic projects at the end of the week.
Please wear old shirts or bring smocks.

Space is limited to 20 participants in the workshop.

Cost: \$150 per participant

Cash or Check: Checks made out to “Bernards Township”

Request refunds 2 weeks prior to start of first class minus \$10 processing fee

2011 COLOR ME MINE CERAMICS—REGISTRATION FORM

Session I: Fun Under the Sun

Session II: Animal Prints

Complete one form per child, per program and submit check for \$150.00 payable to “Bernards Township” .
Return to: Bernards Township Recreation, 1 Collyer Lane, Basking Ridge, NJ 07920.

Last name: _____ First name: _____ Male or Female: _____
Address: _____
Town: _____ Zip: _____

| | Father/Guardian | Mother/Guardian |
|---------------------|--------------------------|--|
| Name | | |
| Home Phone # | | |
| Work Phone # | | |
| Cell Phone # | | |
| Email | | |
| | Emergency Contact | Medical, physical, behavioral, or mental health conditions we should be aware of: |
| Name | | |
| Home Phone # | | |
| Cell Phone # | | |

Birth date: ____/____/____ Grade: ____ School child attends: _____

I hereby give permission for my child to participate in this program and give permission to provide emergency care as necessary for the well being of my child until such time as I may be contacted. I give permission for those individuals listed on this form to pick-up/release my child from the program. I agree that the Bernards Township Recreation Department shall not be held liable in the event of accident or injury resulting from participation in this activity. I grant the Bernards Township Recreation Department the right to use any and all photographs of myself or my child participating in a Department sponsored activity for future media promotion. I certify that I have read and understand the Recreation Department’s registration, refund, youth sports and volunteer coach/coordinator policies.

Parent/Guardian Signature: _____ Date: ____/____/____