

Mayfield Village Parks & Recreation Department and **Artfully Mine** offer

# Colorful Cleveland

It's time to paint! No experience needed. This one time class will offer step by step instruction and allows you to put your own spin on a Cleveland inspired design. All necessary supplies are provided including an apron. Each participant will be able to paint on a 16 x 20 canvas with acrylic paints.

**Saturday, January 14, 2017 at 1:00 p.m.**

**Mayfield Village Civic Center**

**\$28 per painter**

**Open to ALL abilities and all ages 5 years and older.** 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. **Maximum of 50 painters.**

**Registration Deadline: January 6, 2017.**



## To Register Through Mayfield Village Parks & Recreation Department

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

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### **Colorful Cleveland Painting Class January 2017: Please print clearly.**

Participant's Name \_\_\_\_\_ D.O.B \_\_\_\_\_ Male or Female

Home Phone \_\_\_\_\_ Alt # \_\_\_\_\_

Address \_\_\_\_\_  
(street) (city) (zip)

Parent/Caregiver Email \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ \*Code \_\_\_\_\_  
(mastercard/visa/discover)

I (parent/guardian/caregiver) hereby 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