

Winter Scene Painting



No experience needed for this class! Step by step instruction is given so painting this piece is something all ages and abilities can do! Let your creativity flow and put your own spin on this winter themed design. All necessary supplies are provided including an apron. A 16 x 20 canvas and acrylic paints will be provided.

Saturday, February 3, 1:00 pm
Mayfield Village Civic Center
\$30 per painter

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: January 25.**

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



Mayfield.village.parks.recreation

Painting Class February 2018: 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