

Byron Township Recreation

Adult Conversational Spanish



Would you like to be able to converse with someone who speaks Spanish? Or are you planning a trip to Mexico or Latin America? Come and learn everyday conversational Spanish for the beginner. Learn from a native certified teacher. The course for returning students will be a continuation of the beginning course.

Day: Wednesday

Age: Adults

Date: March 17-April 28, 2010 (skip April 7)

Duration: 6 weeks

Time: Beginner 6:00-7:00pm
Returning 7:00-8:00pm

Activity #: 2051 BSP10

Activity #: 2051 RSP10

Cost: \$41 Resident
\$51 NR

Location: Brown Elementary Cafeteria
8064 Byron Center Ave

Minimum per class: 8

Maximum per class: 20

Registration Begins: Immediately

Registration Deadline: February 19, 2010

HOW TO REGISTER: Mail in, Fax in, Email or drop off your completed registration form and the full registration fee to the Recreation Department to reserve your spot. Office hours are Monday-Friday 7am-9pm and Saturday 8am-5pm. Cash, Check or Credit Cards accepted. Make checks payable to: Byron Township. **No Refunds after registration deadline**

Byron Township Parks and Recreation * 2120 76th Street * Byron Center, MI 49315

Phone: 616-878-1998 * **Fax:** 616-583-1220 * **Website:** www.byrontownship.org *

Adult Conversational Spanish Class—Activity # 2051

**Session I
BSP10**

**Session II
RSP10**

Participant's Name: _____ **Email:** _____ **Male / Female**

Age: _____ **Birthdate:** _____ / _____ / _____ **Grade:** _____ **School:** _____

Address: _____ **City:** _____

State: _____ **Zip:** _____ **Municipality (where you pay taxes):** _____

Phone: _____ **Alternate Phone:** _____

I hereby understand that by signing this form, I agree not to hold Byron Township responsible for any injuries that may occur during participation in this Byron Township Recreation Program. Furthermore, I authorize Byron Township to use photographs of participants for Byron Township promotional literature.

Signature: _____

Yes, I would like to donate to the youth Scholarship program. Amount: \$1 \$5 \$10 Other _____

Credit Card # _____ **MasterCard / Visa** **Security Code:** _____ **Expiration Date:** _____
Name on Credit Card: _____ **Address:** _____ **Zip:** _____

OFFICE USE ONLY: **Date Paid:** _____ **Cash:** _____ **Check:** _____ **Credit Card:** _____ **Receipt #:** _____ **Amount Paid:** _____