

BYRON TOWNSHIP RECREATION ADULT WATER COLOR



The Byron Township Recreation Department is offering an Adult Water Color Class. Have you dabbled in water color painting in the past? Get out those paint brushes and join the water color class to perfect your skills. Instructor Maryleah Marshall will use props to teach new techniques each week.

Day: Wednesday (6 weeks)	Time: 6:30-8:30pm
Cost: \$46 Resident \$56 Non-Resident	Dates: Session I: January 13-February 17, 2010 Session II: March 10- April 21, 2010 Skip: April 7
Location: Byron Township Community Center 2120 76th Street	Instructor: Maryleah Marshall
Minimum: 6 participants	Maximum: 12 participants
Registration Deadline: Session I: January 8, 2010 Session II: March 5, 2010 (\$5.00 late fee after deadline)	
Note: Participants must provide their own supplies. If you need a list please ask when you register.	

HOW TO REGISTER: Mail in, drop off or fax your signed and completed registration form and the full registration fee to the Parks and Recreation Department to reserve your spot. Community Center hours are Monday-Friday 7:00am-9:00pm and Saturday 8:00 am-5:00pm. Cash, checks or credit cards accepted. Make checks payable to: Byron Township. **No Refunds after the registration deadline.**

Byron Township Parks and Recreation * 2120 76th Street* Byron Center, MI 49315
Phone: 878-1998 * *Website:* www.byrontownship.org * *Fax:* 583-1220 **Cancellation Hotline:* 878-0623

Adult Water Color Class

Name: _____ **Birth date:** _____ **Age:** _____

Address: _____ **City:** _____ **Zip:** _____

Municipality (where you pay your taxes): _____

Phone: _____ **Alternate Phone:** _____

Email: _____

Circle one: Session I - #2001W110
Session II-#2001W110

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: _____

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