



Spring 2019 Oil Painting Registration Form All Painting Mediums Welcome

*You must pre-register for this class. Please make check out to "Village of Suamico" and send to 12781 Velp Avenue, Suamico, WI 54313.

\$115

Please note that the class cost will be pro-rated for those wishing to participate in fewer classes.

March 21 through May 23, 2019 Thursdays, 1:00 - 3:30 p.m.

Idlewild Park Shelter, 1500 Cotton Drive, Suamico, 54173

This ten session class is open to any and all painting mediums and provides the opportunity for those students who desire the information to develop the knowledge, skills process, and understanding of exploring painting for profit. Perfect for individuals interested in building a body of work, or for those who need help developing a focus or investigation. A textbook is required for any student who has NOT painted with Cheri before. A copy will be on hand for review at the first class. Additional course information and information on the instructor is available online at www.suamico.org.

Please contact instructor, Cheri Martell at 434-7903 or at cmar329974@aol.com more info.

First Name			Last Name		
Gender	M / F	Birthdate	Age	Experience ? Yes No Some	
Parent/Guardian Names (If Applicable)			Dates you intend to miss class, if any:		
Street Address			City, State, Zip		
Daytime Phone #			Evening Phone #		
Cell Phone #			Email Address		
Emergency Contacts Name			Emergency Contact Phone #		

I understand participation in recreation programs involves an element of risk or danger for all participants and may cause serious injury, death or property loss and agree to assume these risks for my family and release the Village of Suamico, its employees, the instructor Cheri Martell, and other participants from any liability for injuries and damages sustained while participating in these programs. I understand a physician's approval is encouraged prior to participation. If you do not wish to have your photo taken or do not want your or your child's photographs in Village publications, please notify the photographer and/or program instructor. I am providing personal information solely for the purpose of participating in Suamico recreation programs, would not provide this information otherwise, and do not wish for this information to be shared with parties outside of the Suamico Recreation Department.

Signature _____ **Date** _____

Refund Policy

Refunds will be given up to the registration deadline or the start of the program, whichever comes first. No refunds will be given after a program starts or a deadline has been reached. Please be aware that a \$5.00 processing fee will be incurred on all refunds.

**Municipal Services Center • 12781 Velp Avenue • Suamico, WI 54313 • (920) 434-8410
For program information, please visit www.suamico.org.**

OFFICE USE ONLY

Date Registered: _____ Cash/Check/CC _____ Amount Paid: _____ Receipt #: _____ Staff Initials: _____