

Fall 2010

Discover Oil Painting

Release your Inner Artist!

Young, old, or in between, if drawing makes you feel “all thumbs” and you are convinced you could never be a painter, this class is for you! Veteran oils instructor Midge Grace will introduce you to the basics and finer points of oil painting and guide you through the whole process, from selecting your subject matter to signing your name. Her mantra is “Anyone can paint!”



Instructor: Midge Grace

Session dates: September 16 to December 9, 2010

Ages: 10 and up

Day: Thursdays

Times: 3:30 PM to 5:30 PM

Location: Senior Center

Fee: \$120

Required: No previous experience necessary. Please bring a Paint shirt or Smock, plus the additional supplies that need to be purchased. Please ask for supplies list.

Questions? Contact Us!

(206) 463-9602 phone
(206) 463-9614 fax
www.vashonparkdistrict.org

17130 Vashon Hwy SW
P.O. Box 1608
Vashon Island, WA 98070

Office Hours:
8 a.m. to 4 p.m.,
Monday thru Friday

IMPORTANT! Registration packets without required signatures, payment, and Reduced Fee or Payment Plan paperwork, if applicable, will NOT be accepted until all required documents are received. This will affect your child's placement on the program roster.

PLEASE SEE ATTACHED PAGE FOR REGISTRATION FORM.

Official Use Only

Oil Painting	Session dates: 9/16 -12/9 Times: 3:30 to 5:30 Location: Senior Center Instructor: Midge Grace	Days: Thursdays Ages: 10 and older Fee: \$120 CCW___PP___RFA___
Payment Date: _____ Amt: _____ TYPE: ___CC ___CHK# _____ Cash _____ Web _____		

Registration Information: Please complete side 1 and 2 of this form. If you have a Park District On-line Profile fill out the * lines on side 1 and **all** of side 2. Be Sure to **read** and **sign** all the waivers, disclaimers and releases on side 2.

* Name of Participant: _____

* Date of Birth: _____ Grade: _____ Age _____

* Parent or guardian name: _____

* E-mail: _____ I do not wish to Receive promotional e-mail

Primary phone: _____

Secondary phone: _____ Other phone: _____

Mailing address: _____

Home address if different from above: _____

Emergency contact: _____

(Emergency contacts are **alternates** to the parent/guardian. List at least ONE.)

Phone: _____ Relation: _____

Emergency back-up contact: _____

Phone: _____ Relation: _____

I DO or DO NOT have any medical conditions.

Please list all medical conditions: _____

Doctor name: _____ Doctor phone: _____

Location: _____

How did you hear about this program? Newspaper Website Mass email Poster

School registration packet Word of mouth Billboard Repeat session Other

Yes! I want to spread my payment over the course of this Program. Please give me a **Payment Plan** form

Payment Plans are a contract promising to pay scheduled installments to be completed at the conclusion of this program.

Yes! I would like to apply for a **Reduced Fee Award**. Applications are available upon request in the VPD office. Proof of household income is required and valid for up to 6 months.

Yes! I want to **donate** VPD's Reduced Fee Awards Fund. Amount: _____ Thank you!

