



KID'S SUMMER ART CLASSES

Name: _____

Grade: _____

Contact Phone #: _____

E-Mail: _____

Classes I would like to participate in:

- | | |
|--|---------|
| <input type="checkbox"/> July 14 th Turtle Sun catcher | \$10.00 |
| <input type="checkbox"/> July 21 st Acrylic Art | \$10.00 |
| <input type="checkbox"/> July 28 th Thumbprint Flower pot and caterpillar | \$10.00 |
| <input type="checkbox"/> Aug. 4 th Dream Catcher/Wind Chime | \$10.00 |
| <input type="checkbox"/> I plan to participate in all 4 classes | \$35.00 |

Parent/Guardian Signature

Date

Please make checks payable to: Inman Recreation Commission

Classes are located at the Inman Wellness Center (building in the high school parking lot with green awning).

For office use only:

Paid by

Check # _____ Cash