

Margate Community Education and Recreation Department
101 North Haverford Avenue, Margate City, New Jersey 08402
609-823-6658
www.margate-nj.com/recreation

Fabulous Foam Art

During this NEW class, each student will enjoy creating personalized picture frames, cool pencil toppers and unique name plates for his/her bedroom. Please Dress For A Mess. Advanced Registration Required.

(S-12) TUESDAY: 7/10/18 (3:30-4:30 pm)
\$25.00/Child (Ages: 5 & Up)
Eugene A. Tighe School
Instructor: Amanda Casazza

To Register, Please Complete
The Registration Form On
Page Two Of This Document.
THANK YOU!!!



Search: Margate Community Education and Recreation Department

Summer Office Hours Are Monday-Friday (8:30 am to 3:00 pm)
Many Of Programs Require Additional Registration Forms; For More Details Please Visit Our Website
www.margate-nj.com/recreation

REGISTRATION BY MAIL

**For Registration Questions
Please Contact: 609-823-6658**

1. Please complete the registration form below.
2. Please fill out a SEPARATE registration form for EACH individual.
3. Include ONE check or cash payment PER class PER individual.
4. Enclose a check made payable to: *Margate City Recreation Department.*
5. Mail registration to: Margate Recreation Department, 101 N. Haverford Ave., Margate, NJ. 08402.

REGISTRATION GUIDELINES

1. Registration for all classes/programs is accepted on a first come first pay basis only.
2. Pre-Registration Required! Please register at least ONE week prior to start date of class/program/camp.
3. No registration for any class/program will be accepted over the phone or without payment.
4. No refunds issued; credits only.
5. All classes/programs are subject to cancellation due to insufficient enrollment.
6. All classes/programs have minimum & maximum numbers associated with registration requirements.
7. All classes/programs, activities, prices, locations, times and instructors are subject to change.

DROP-OFF REGISTRATION LOCATION

Main Entrance Area At The William H. Ross III School (101 N. Haverford Ave.) Lock-Box On The Wall.

SUMMER 2018 REGISTRATION FORM~ PLEASE PRINT CLEARLY

Participant's Name: _____ Age: _____ Grade: _____

Local Mailing Address: _____

City: _____ State: _____ Zip: _____

Best Contact Number: _____ Cell Home Work (please indicate)

E-MAIL Address: _____

List Any Medical Conditions: _____

Emergency Contact Information (Name & Number): _____

Fabulous Foam Art (S-12)

*Participant's Signature: _____

* (Parent/Guardian's signature if participant is a minor).

Media Release

You have my permission to video or photograph my child while participating in activities sponsored by the Margate Recreation Department and for these videos or photographs to be used for the advertisement and promotion of Margate Recreation Programs and other Margate City activities.

I am the parent/lawful guardian of the child named herein and I am authorized to execute this release.

Signature

Print Name

Date

OFFICE USE ONLY:

Notes:

Amount Paid:

Method: