

Mosaic Tiles
Tuesday, March 27
Class meets in the T.E.S. Art Room

Name _____

Address _____ Phone _____

City _____ Zip _____ Age _____

Would you like to join our Online Newsletter Group?

YES NO Already a Member

Email Address _____

Program Fee: \$15

Make Checks payable to TRC / Mailing address: P.O. Box 479 Tonganoxie 66086

PARENT or GUARDIAN: I hereby state that I understand and agree with the above described activity and policies, and that the above said individual has no physical, mental, or emotional conditions which would prevent him/her from fully participating in such activity, or would make him/her susceptible to injury from such participation. I further state that I hereby release the Tonganoxie Recreation Commission, their employees, volunteers, or agents from any claim that the said individual might have, or others may have, for injury that he/she might sustain during his/her participation in such activity. I also state that if I am not present and an emergency arises I authorize medical attention to be administered. Please notify the Tonganoxie Recreation Commission if special accommodations may be needed for the above said individual to participate in the described activity.

SIGNATURE: _____ **DATE** _____

Please return registration form with payment to
Tonganoxie Recreation Commission
P.O. Box 479
521 E. 4th Street
Tonganoxie, KS 66086

There is a night drop in the door for after hour registration