**Special ART Workshops By DougalArt - FALL 2016**
**Offered by Lebanon Recreation**

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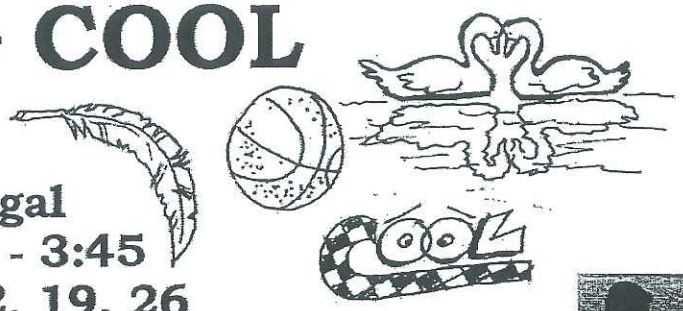
**At the Middle School**

# DRAWING COOL STUFF




**Instructor: Bill Dougal**
**WEDNESDAYS 2:30 - 3:45**
**SEPT, 28, OCT 5, 12, 19, 26**

# ACTING

**Instructor: Dan Coyle**
**MONDAYS 3:30 - 4:45**
**OCT, 17, 24, 31, NOV 7, 21**

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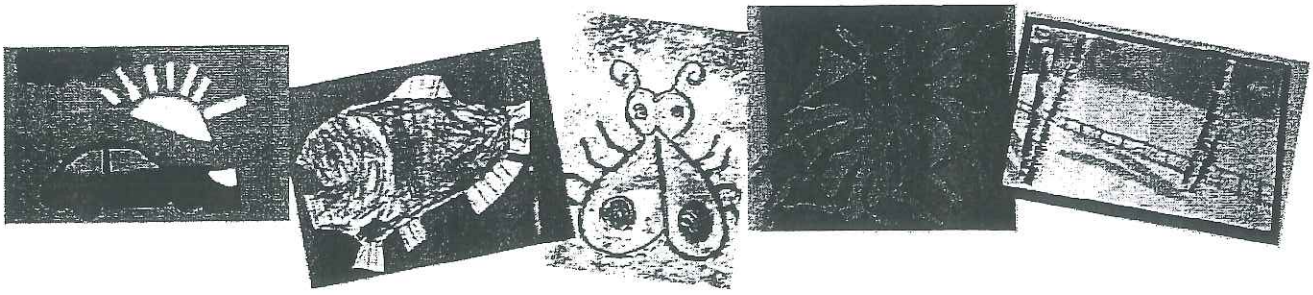
**At the Elementary School**

# FUN WITH ART

**Instructor: Dori Dougal**

**TUESDAYS 3:30 - 4:45**
**SEPT, 27, OCT 4, 18, 25, NOV, 1**



*For more information call 860-642-4085 or email Stremblay@lebanonct.gov*

# Special ART Workshops by DougalART
# Registration Form

Fill out form and mail or return to: Lebanon Recreation Dept.
579 Exeter Rd Lebanon, CT 06249

| **Select Course:**<br>_____ **Drawing Cool Stuff** _____ **Acting** _____ **Fun with Art** **Fee: $75.00 per course.** | | |
|---|---|---|
| Child's Name: | Gender: | D. O. B.: |
| Street & City: | | Grade: |
| Guardian's Name & Address if different: | | |
| BEST PHONE NUMBER TO REACH YOU AT: | | |
| Email: | | |
| In the event of an emergency requiring medical attention, after every reasonable effort has been made to contact me, I hereby grant permission and consent to a physician or other hospital personnel to do whatever is deemed necessary to treat my child. The attending physician is given permission to proceed with any medical or minor surgical treatment, x-rays and immunizations for my child. I hereby agree to release, discharge and hold harmless the Town of Lebanon, its employees and volunteers for any liabilities, which may occur while participating in the sports program. I understand that participation in any sport activity involves risk of injury. | | |
| **Signature of Parent/Guardian** | | |
| **Current medication, allergies and conditions:** | | |

SPONSORED BY LEBANON RECREATION COMMISSION

For more information contact the Lebanon Recreation Department at (860) 642-4085
or email Stremblay@lebanonct.gov.