Chatham Park & Recreation
Chatham Community Center
Telephone (508) 945-5175
www.chathamcommunitycenter.com

All Occasion Hand Stamped Card Class

Instructor: Jen Pitta www.bytheshorestamping.com

Jen is a 30-something scrapper who lives on Cape Cod with hubby of six years, Matt. She has been scrapbooking for twelve years and a Stampin' Up! Demonstrator for 7 years. Jen loves the satisfaction of taking a few pieces of paper, some glue and a few embellishments to make something that will withstand the test of time and tell a story.

Who: Anyone!

Location: Community Center Arts and Crafts Room
When: Last Tuesday of every month 6 – 9 P.M.

Registration Fee: $18 which includes all card supplies. Please bring adhesive or tape with you to class. Please pay the instructor

Description: Students Class participants will create 10 hand stamp cards (2 each of five different designs) including envelopes at each class.

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All Occasion Hand Stamped Card Class

Name: ______________________________ D.O.B.________________

Residential Address:____
Street Address (required) Town (Chatham, North, South, West, Port?)

Mailing Address:____
Street#/P.O. Box Town State Zip

Home #: ____________________ Work/Cell #: __________________

Email Address: ____

Emergency Contact: ____________________ Telephone #:____________

Physician: __________________________ Telephone #:____________

Are there any allergies, medications or health issues that we should know about?

In consideration of your accepting my entry, I, the undersigned adult participant, intending to be legally bound do hereby for myself, my heirs, executors and administrators, waive and release forever any and all rights and claims or damages I may accrue against the Town of Chatham, its contractors, instructors, aides, their successors, representatives and assigns, for any and all injuries suffered as a result of traveling to and from and while participating in the above named program. Further, I give my permission to receive medical treatment in the event of injury while participating in the above named program. In the absence of a signature below, payment of fees and participation in the program shall constitute acceptance of the conditions set forth in the waiver. I agree that pictures taken during program hours may be used for future promotional purposes.

______________________________________ Date: ____________
Signature

Registration Form Received By: ______________ Date: ______________