



Youth Guitar Instruction

For beginners currently in grades 3-6

Wednesdays

February 2nd - March 16th

No Program 2/23

Instructor: Michael Andrew

Community Center Activity Room, 289 S. Maple Ave.



Session I: Grades 3 & 4, 6:30pm - 7:30pm

Session II: Grades 5 & 6, 7:45pm - 8:45pm

A minimum of 4, maximum of 10 participants per session.

Acoustic Guitar Course work will cover the following:

- The notes on the first 3 frets & how to read notes from sheet music
- The C Major scale
- How to play chords and recall them in easy sequence
- Performing songs (melodies and chords) as a group

Requirements: Each participant is required to provide their own acoustic guitar. If an electric guitar must be used, students are required to bring their own amplifier (must be small/light). The Recreation Department will furnish textbook and other equipment.

Cost: \$100 per participant, per session. Residents only. Proof of residency required.

Refunds, less a \$10 administrative fee per registrant, will only be processed if requested before the session's start date. There will be no refunds given after the session begins. You must be registered with the Recreation Department prior to attending the program. To register, complete the form below and mail with check made payable to "Bernards Township" to:

Bernards Township Recreation "Youth Guitar Instruction"
1 Collyer Lane
Basking Ridge, NJ 07920



Youth Guitar Instruction Winter 2011 - REGISTRATION FORM

Complete one form per child, per program and submit one check per child per program payable to "Bernards Township" and return to: Bernards Township Recreation, 1 Collyer Lane, Basking Ridge, NJ 07920.

Program Title: ____ Youth Guitar Instruction ____ **Fee:** \$ ____ **Please Circle:** Session I / Session II

Last name: _____ First name: _____
Address: _____ Town: _____ Zip: _____
Birth date: ____/____/____ Grade: ____ School child attends: _____

	Mother/Guardian	Father/Guardian
Name		
Home Phone #		
Work Phone #		
Cell Phone #		
Email		

Please provide information for an emergency contact (other than parent) we will always attempt to contact the parent/guardian first.

	Emergency Contact	Medical, physical, behavioral, or mental health conditions we should be aware of:
Name		
Home Phone #		
Cell Phone #		

I hereby give permission for my child to participate in this program and give permission to provide emergency care as necessary for the well being of my child until such time as I may be contacted. I give permission for those individuals listed on this form to pick-up/release my child from the program. I agree that the Bernards Township Recreation Department shall not be held liable in the event of accident or injury resulting from participation in this activity. I grant the Bernards Township Recreation Department the right to use any and all photographs of myself or my child participating in a Department sponsored activity for future media promotion. I certify that I have read and understand the Recreation Department's registration, refund, youth sports and volunteer coach/coordinator policies.

Parent/Guardian Signature: _____ Date: ____/____/____

For office use only: Cash ____ Ck. # ____ Received: _____