

VOTED #1 Cultural Arts Organization in Northwest CT



## Wizards School of Magic

with Tom O'Brien

**Grades K-2**

Burnham Elementary School Gym, Bridgewater

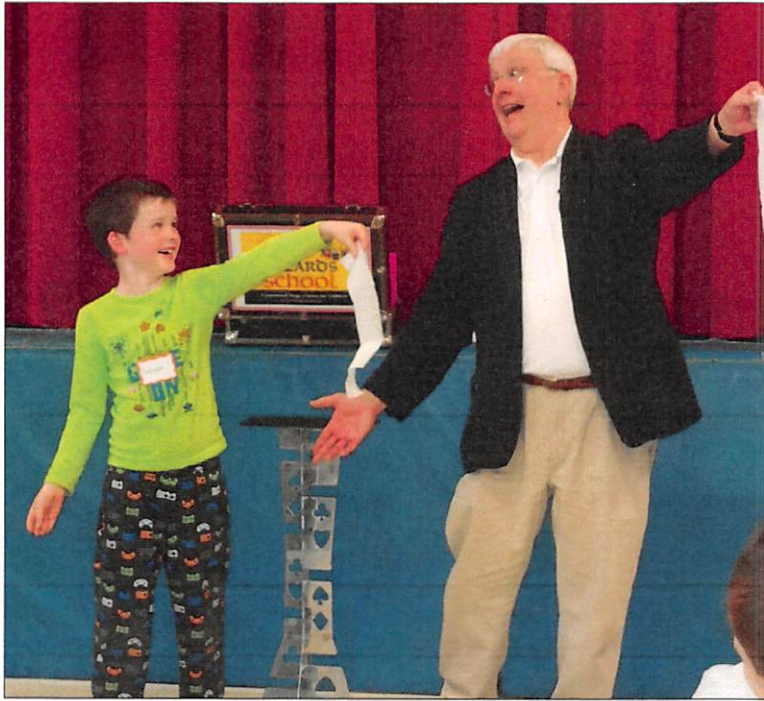
**Wednesdays, 3:45-4:45pm**

**Mar. 8, 15, 22, 29**

4 sessions: \$48 for Region 12 residents;  
\$60 for nonresidents



Extended After Care Enrichment available until 6:00pm through ACE. \$7/day.  
Email: ACEBridgewater@gmail.com



Students of professional magician Tom O'Brien's magic school learn how to captivate their audience with a variety of magic tricks. Children receive kits containing the props necessary to keep the magic alive at home and magic wands will be awarded upon graduation. Take a peek behind the curtain and enter into the magical world of sleight of hand.

*ASAP! provides a healthful snack and supervision for Burnham Elementary School students after school until the workshop begins.*

For more information or to view our privacy policy, visit our website [www.asapct.org](http://www.asapct.org), or feel free to call us at 860-868-0740 or email us at [asap@asapct.org](mailto:asap@asapct.org). ASAP! After School Arts Program® is a registered trademark of After School Arts Program, Inc. The After School Arts Program, Inc. is a 501(c)3 non-profit organization. Registration is on a first come, first served basis. Please recycle this paper. Refunds are not available. **Financial aid is available to those in need.**

## REGISTER ME for Wizards School of Magic | Grades K-2



### Student Information:

Name: \_\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_ Gender: M F School: \_\_\_\_\_

Special Needs/Allergies: \_\_\_\_\_

Emergency Contact (Name): \_\_\_\_\_ Emergency Contact (Phone): \_\_\_\_\_

### Parent/Guardian Information:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

How did you hear about this program? \_\_\_\_\_

AMOUNT ENCLOSED \$ \_\_\_\_\_ Make checks payable to ASAP! and mail to: ASAP!, PO Box 15, Washington Depot, CT 06794

If you work for or are affiliated with a business that would like to be an ASAP! sponsor or match donations please let us know.

Contact me about volunteer opportunities.

NO, I do not wish to receive ASAP!'s e-mail newsletter for upcoming workshops and events.

I will hold harmless the Town of Washington, the After School Arts Program, Inc., Town of Bridgewater, Region 12 Schools, and any of its agents, directors, employees, and supervisors for any responsibility or liability for any injuries or property damage which may arise from my or my child's participation in this program. I understand that in the event of any injury, my own personal medical insurance will be used.

I, the undersigned, authorize ASAP! to record on video tape, photography, voice recording, or interview through print or other media, my child's first name, voice, image, artwork, and/or performance for informational programs, reports and promotional materials to be used for non-commercial purposes. I understand that neither my child nor I will receive compensation for this appearance and no private individual will receive compensation of any kind as a result of broadcasting this material.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_