



A Connecticut Creative Arts Organization



Calling Chefs & Artists!

with Chef Anne Gallagher & Artist Jenna Robb

Ages 3-10
 Washington Montessori School, New Preston
Saturday, 3:00-5:30pm | February 4
 Snow date: Feb. 5
 1 session: \$35

Make delicious food and serve it with fun and flair. Your taste buds will jump for joy while discovering new flavors and how to combine ingredients for a favorite dish. You will then learn how to create a colorful table setting with your very own hand-dyed place mat. Your home-made meal will look fantastic and taste great.

ASAP! provides a healthful snack during the workshop.

For more information or to view our privacy policy, visit our website www.asapct.org, or feel free to call us at 860-868-0740 or email us at 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 Calling Chefs & Artists! | Ages 3-10



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

- 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., Washington Montessori School, Town of New Preston, 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: _____