



EXPRESSIONS

a paint-your-own-pottery & glass fusing studio



455A Washington Street, PO Box 215A Duxbury, MA 02551-781934.8122

APRIL VACATION WORKSHOPS

LOOKING FOR SOMETHING FUN TO DO OVER VACATION? JOIN US FOR ONE OF OUR PAINTING OR GLASS FUSING WORKSHOPS! CHECK OUT OUR MOTHER'S DAY GIFT IDEAS TOO.

WEDNESDAY, APRIL 21ST

3:15PM - 4:30PM GLASS JEWELRY TRAY: MAKE A BEAUTIFUL RECTANGULAR DISH. GREAT FOR JEWELRY, CHANGE, KEYS, ETC.! DROP-OFF WORKSHOP FOR AGES 7 - 14, \$25

THURSDAY, APRIL 22ND

10:30AM - 11:45AM GLASS FUSING: MAKE YOUR OWN GLASS PLATE OR BOWL! DROP-OFF WORKSHOP FOR AGES 7 - 14 \$25

1PM - 2:15PM BUBBLE PAINTING: OUR MOST POPULAR TECHNIQUE CLASS! BUBBLE PAINT A BOWL OR MUG. DROP-OFF WORKSHOP FOR AGES 6 - 14, \$20

FRIDAY, APRIL 23RD

10:30AM - 12PM SAND PAINT FLOWER POT: THIS WOULD BE A GREAT MOTHER'S DAY GIFT! LEARN TO USE SPECIAL SAND ADDED TO PAINT TO MAKE 3-D BUGS AND ANIMALS ON YOUR FLOWER POT. DROP-OFF WORKSHOP FOR AGES 6 - 14, \$25

SATURDAY, APRIL 24TH

10:30AM - 12:30PM DAD AND ME MOTHER'S DAY GIFT WORKSHOP:
DAD'S, BRING IN THE KIDS ANYTIME BETWEEN 10:30AM & 12:30PM
TO MAKE A SPECIAL MOTHER'S DAY GIFT!

WE WILL HAVE LOTS OF SAMPLE PROJECTS TO PICK FROM. COME IN, PICK A PIECE YOU THINK MOM WILL LOVE, WE WILL HELP WITH HANDPRINTS AND YOU CAN CHOOSE TO FINISH IT OR WE WILL FINISH IT FOR YOU. YOU CAN BE IN AND OUT IN 10 - 15 MINUTES IF YOU CHOOSE!
ALL AGES WELCOME (BABIES TOO)! COST DEPENDS ON THE PROJECT YOU CHOOSE.

PLEASE CIRCLE THE WORKSHOP(S) YOU ARE SIGNING UP FOR. PAYMENT IS DUE AT SIGN-UP.
SPACE IS LIMITED - PLEASE SIGN-UP IN ADVANCE (781.934.8122 OR EMAIL TABITHAKENT@VERIZON.NET).

PLEASE FILL OUT THE FOLLOWING INFORMATION:

NAME:		AGE:
ADDRESS:		BIRTHDAY:
CITY:	STATE:	ZIP:
EMAIL:		PHONE:
PLEASE LIST ALL ALLERGIES (FOOD, LATEX, ETC.):		
IN CASE OF EMERGENCY CALL:		
PHONE:	CELL PHONE:	OTHER:

I hereby agree to indemnify and hold harmless EXPRESSIONS, its employees, its instructors, management, or property owners from any liability of claim or action for damages from or in any way arising out of the participation in this program by the person registered. In case of accident or illness, EXPRESSIONS has my permission to secure medical attention as deemed necessary, if unable to communicate with me directly. I give my permission to EXPRESSIONS to photograph the registered participant for the use in EXPRESSIONS publicity and publications. **I understand that space is limited, and because of planning and buying of supplies, full payment is due at sign-up.** We reserve the right to cancel a camp or workshop if we have less than 6 participants.

Signature of parent or guardian: _____