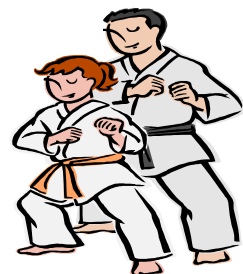




Montville Recreation Department's

BUSHIDO

WAY OF THE WARRIOR



WHO: Boys and Girls, Ages 5 to 15 & Adults *****NEW! Adults are now allowed to participate in child classes!*****
(Note: Adults Only in last class from 8:20-9:00pm.)

WHAT: Welcome to **BUSHIDO** Martial Arts. **BUSHIDO** provides traditional martial arts as well as safety awareness, self-discipline, self-awareness, self-esteem and confidence. It is our goal to encourage students to be the best they can be.

WHEN: Wednesdays: December 16, 23, 30, January 6, 13, 20, 27 & February 3 (8 weeks)

SESSION #	WHO & RANK	TIME
1	New Students, Ages 5-8 and Adults	5:00-5:40pm
2	White Belts w/ Stripes and Returning Students, Ages 5-8 and Adults	5:50-6:30pm
3	Yellow Belts, New and Returning, Ages 9 & Up and Adults	6:40-7:20pm
4	Orange Belts & Above and Adults	7:30-8:10pm
5	Adults Only—Self Defense & Safety Awareness	8:20-9:00pm

WHERE: **ACTIVITIES BUILDING** located at 91 Passaic Valley Road in Montville (across from Willow Creek Stables)

COST: \$80.00 per person for the 8 week program. **NOTE:** There will be a \$5.00 processing fee for program refunds!

PAYABLE TO: Montville Recreation, 195 Change Bridge Road, Montville 07045

REGISTRATION PROCEDURE:

1. In Person 2. Mail 3. On-Line OR 4. Payment Drop Box in Municipal Building's Parking Lot

*** **Checks or Cash Only for In-Person Registration OR Checks Only for Mail or Payment Drop Box!!!** ***
OR Credit Cards for On-Line Registration!

Please Note: You will be charged a 2.5% convenience fee for credit card use on-line!

For On-Line Registration !!! Go to the town's website at: www.montvillenj.org

Click on Municipal Services & then click on Parks & Recreation & then click on On-Line Registration

CLASS SIZE IS LIMITED !!! FIRST, COME, FIRST SERVE !!!

INSTRUCTOR: Master Michael Robertson, 4th Degree Master Level. Instructor in Ishin Ryu, Aiki Jitsu, and Kubado. WKU Hall of Fame.

Students should wear comfortable clothing.

QUESTIONS ??? CALL: (973) 331-3305 OR Visit Our Website: www.montvillenj.org

BUSHIDO – Winter 2010

CHILD'S NAME _____ GRADE _____ SCHOOL _____ PHONE _____

OR
ADULT PARTICIPANT _____ AGE _____ CELL PHONE _____

ADDRESS _____ TOWN _____

EMERGENCY NAME & CELL NUMBER _____

FOR PREVIOUS STUDENTS, PLEASE STATE YOUR MARTIAL ARTS RANK _____

PLEASE CIRCLE CLASS CHOICE:

1 (5-5:40pm) 2 (5:50-6:20pm) 3 (6:40-7:20pm) 4 (7:30-8:10pm) 5 (8:20-9:00pm)

Please list any special needs that you or your child may have that will assist us in providing a successful experience:

My child has my permission to participate in this class.
I understand that the Recreation Department **DOES NOT** provide accident insurance.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

FOR OFFICE USE: Fee Paid _____ Cash _____ Check _____ Date _____ Received By _____ **PROGRAM # 876**