



Paint & Sip: Virtual!
Tuesday, September 29th, 7-8:30pm

Participant's Name: _____ Preferred Pronouns: _____
Age: _____ Parent/Guardian: _____ Email: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Evening Phone: _____ Cell: _____

Online Registration:

https://apm.activecommunities.com/cityofsacparksandrec/Activity_Search?txtActivitySearch=14520&applyFiltersDefaultValue=true&cat=Activities

- Registration online (link above) is preferred during this time.
- Registration *can* be taken over the phone (with a credit or debit card). Please call the Heather Everett (Program Coordinator) between 9:00am-5:00pm, Monday-Friday (916) 808-7970. If you are unable to reach Heather, please call Jenny Yarrow (Program Supervisor) between 9:00am-5:00pm, Monday-Friday (916) 808-6017. Please leave a message with your name and phone number if you are directed to voicemail. Staff will return your call as soon as possible to process the payment. We will need your participant name, card number and card expiration date to process your payment.

**Note: City staff for this program are teleworking during this time. If we do not answer your phone call, we will get back to you to process your payment as soon as possible. Online registration is recommended when possible.*

**Note: There is a max attendance limit of 40 participants for this program. Spaces will be filled on a first come, first served basis.*

Last day to register: Friday, September 25th.

Supply pick-up:

- **Tuesday, September 29th between 8:00am-10:00am, OR Tuesday, September 29th between 5:00pm-6:00pm**
- **If an alternate pick-up time for supplies is needed, please contact Heather as soon as possible.**
- **The Zoom link & meeting ID will be emailed to participants by Monday, September 28th.**

Dates- Activity # (Zoom)

☐ Tuesday, September 29th, 7:00-8:30pm.

#14520 (Zoom)

Program fees help us cover the cost of staff, program materials and ongoing program needs.

Cost: \$15.00 per participant (includes paint, paintbrush and canvas for the evening)

Diagnosis and/ or Disability: _____

Please utilize this space to let us know of any accommodations or support you may need in order to enjoy a successful virtual art experience: _____

Liability Release

The undersigned, in consideration of the acceptance of this entry, I hereby waive, release and indemnify the City of Sacramento, Access Leisure, sponsors, staff, and volunteers from any and all liability for injuries and/or expenses incurred by myself during virtual programs.

Signature of participant, and or guardian if under 18 years

Date Signed

Media Release

I specifically grant permission to the City of Sacramento, Access Leisure Section to use my likeness, voice and words in television, radio, newspapers, films, magazines, and media of any form not heretofore described to further the aims of the Access Leisure Adaptive Social Programs, Virtual Programs and Residential Camping Programs.

Signature of participant, and or guardian if under 18 years

Date Signed

Office Use Only:

Amt Pd: \$ _____ Amt Due: _____

Ck or MO # _____ Cash ☐ CC ☐

Date: _____

For more information on social programs, virtual programs, you may email heverett@cityofsacramento.org