



Montville Recreation Department's

# **BUSHIDO**

## **WAY OF THE WARRIOR**



**WHO:** Boys and Girls, Ages 5 to 15 through Adults—All Levels!

**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. Students are separated by size and experience in class.

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

**WHEN:** Wednesdays: January 4, 11, 18, 25, February 1, 8, 15, 22, March 1, 8, 15 & 22 from 6:30pm to 8:00pm.

Students should wear comfortable clothing.

**INSTRUCTION:**

Under the direction of Ni-Dan (2nd Degree) Mike Cooney & Eli Brickman

**COST:** \$96.00 per person for the 12 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 3 % convenience fee for credit card use on-line!**  
**For On-Line Registration !!!** Go to the town's website at: <http://www.montvillenj.org/RecRegistration>  
For additional Recreation Flyers go to: <http://www.montvillenj.org/RecFlyers>

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

**QUESTIONS ??? Call Recreation: (973) 331-3305 OR Visit our Website: [www.montvillenj.org](http://www.montvillenj.org)**

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## **BUSHIDO — Winter 2017**

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 \_\_\_\_\_

E-MAIL (Please print clearly! Distinguish b/w letters & numbers!) \_\_\_\_\_

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 or PARTICIPANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

FOR OFFICE USE (12/5): Fee Paid \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Date \_\_\_\_\_ Received By \_\_\_\_\_ **PROGRAM # 876**