



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: September 11, 18, 25, October 2, 16, 23, 30, November 6, 13, 20, December 4, 11 & 18 from 6:30pm to 8:00pm (*No: 10/9 & 11/27*).

Students should wear comfortable clothing.

INSTRUCTION: Under the direction of Ni-Dan (3rd Degree) Mike Cooney & Eli Brickman

COST: \$104.00 per person for the 13 (thirteen) week program.

NOTE: *There will be a \$20.00 processing fee for program refunds PRIOR to program start!*

PAYABLE TO: Montville Recreation (located at 195 Change Bridge Road in Montville)

REGISTRATION PROCEDURES:

1. In Person on the Rec Desk Kiosk (*Check, Cash with No Fees and/or Credit Card with a 3% Fee*)
2. On-Line from Home (*Echeck with 1% Fee OR Credit Card with 3% Fee*)
3. Payment Drop Box in Municipal Building's Parking Lot (*Check Only....must have family page set up on Community Pass*)
- OR** 4. Snail Mail (*Check Only....must have family page set up on Community Pass*)

For On-Line Registration !!! Go to the town's website at: <http://www.montvillenj.org/RecRegistration>

To Download Registration Forms go to: <http://www.montvillenj.org/RecFlyers>

****NOTE: If coming to the Rec Dept, you will register directly on the Kiosk at the Rec Desk. No need to fill out paperwork!**

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

QUESTIONS ??? Call Recreation: (973) 331-3305 OR Visit our Website: www.montvillenj.org



LIKE us on FACEBOOK at: <https://www.facebook.com/Montvillerec/>



BUSHIDO MARTIAL ARTS — Fall 2019

Participant Name _____ Age _____ D/O/B _____ Grade _____ School _____

OR
Adult Participant _____ Age _____ Adult Cell Phone _____

Address _____ Town _____ Home Phone _____

Primary Contact Name/Relation/Cell Phone # _____

Secondary Contact Name/Relation/Cell Phone # _____

E-Mail/s (Please print clearly! Distinguish b/w letters & numbers!) _____

Emergency Name & Phone # (IF the above cannot be reached) _____

For Previous Students, Please State Your Martial Arts Rank _____

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

I understand that the Recreation Department **DOES NOT** provide accident insurance.
If under 18 years of age, my child has my permission to participate in this class.

Parent/Guardian **OR** Participant Signature (If over 18 yrs) _____ Date _____

FOR OFFICE USE (8/6/19): Fee Paid _____ Cash _____ Check _____ Date _____ Received By _____ **PROGRAM # 876**