

Sponsored by the Town of Southeast Recreation Department

Minds in Motion Science Club

DIRECTOR: Minds In Motion, NJ

DATES: Tuesdays - Jan 25 / Feb 1, 8, 15 / March 1, 8, 15, 29

GRADES: K thru 2

TIME: 3:45pm to 4:45pm - Max Students 15

LOCATION: JFK School Cafeteria

FEE: \$140 Payable to Town of Southeast



OUTER SPACE AND PHYSICS FUN Come join an exciting world of space exploration as you build and take home your very own Solar System Kit! Put your mind in motion as you paint and create your own planets and learn all about our planetary neighborhood with your solar system model. Check out our real meteorite fragment samples! Take part in other exciting activities involving physics, air pressure, and density. Take home your own reaction rocket and watch it shoot up into the air! Be mesmerized as you assemble and take home your own stunt plane and learn about the four major forces of flight. You will also witness some really neat demonstrations from your instructor. Watch as an egg is magically sucked into a bottle, behold a tornado being created, and much, much more in this fun and exciting program!

ACTIVITIES REGISTRATION FORM

PROGRAM: _____ **GRADE:** _____

NAME: _____ **MALE:** _____ **FEMALE:** _____

ADDRESS: _____

CITY: _____ **ZIP CODE:** _____

PHONE: (HOME) _____ **(WORK)** _____ **(CELL)** _____

EMERGENCY CONTACT: _____ **PHONE:** _____

FEE (non-refundable) : **CREDIT CARD:** _____ **CHECK:** _____ **CASH:** _____

CREDIT CARD INFO (No Amex): Number” _____

Beginning September 2017 all programs will be subject to a 2% processing fee for all credit card payments.

Expiration date: _____ **Security Code:** _____

E-MAIL ADDRESS: _____

_____ has my permission to participate in the Southeast Recreation program. I assume all risks and hazards incidental to such participation including transportation to and from activities. I do hereby waive, release, absolve, indemnify and agree to hold harmless the sponsors and coaches for any claim arising out of an injury to my child. I also understand that it is my responsibility to notify the instructor of any MEDICAL/PHYSICAL condition that could limit my child’s participation or that requires special attention.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

Mail or drop off at: Town of Southeast Recreation Department
 1 Main Street / Brewster, NY 10509 / phone: (845)279-3915
 E-Mail: recreation@southeast-ny.gov Website: www.southeast-ny.gov



The Brewster Central School District neither sponsors nor endorses this event or organization. This information is distributed in line with the District's goal to provide information regarding activities of general public interest which promote the education or other best interests of the students. Questions regarding this activity should be directed to the organization, not the District.