

Art At Heart

2500 Confederate Ave. (formerly Toot's grocery), Vicksburg, MS

(cell:601-415-9592) Lisa Grant

email:www.artatheart.grant@hotmail.com • website www.artatheart.webs.com

Children's Summer Art Workshops

(ages 7 & up~~ **LIMITED class size** allowing more personal instruction)

Dates&Time:June 2nd-5th/June 9th-12th/June 16th-19th 1:00-4:00

Each 4-day workshop will emphasize a variety of art experiences including drawing, painting, pottery, crafts & printing taught by Lisa Grant, art educator with 40+ years of experience, assisted by Katie Nettles, certified art instructor. It promises to be a week loaded with lots of fun-filled art projects you will NOT want to miss!!! The last hour of Thursday's workshop, we **show off** our fantastic creations in our grand finale Art Show! The best part~~~at the end of the week, each participant gets to take each piece of art created home to display and enjoy with your entire family for years to come!!! **Register SOON!**

LIMITED spaces available! SMALL group size for more individualized instruction on fundamental art skills. ****A student may take one or more sessions,** if desired. Essentially, all workshops cover all the basic techniques, but some projects may vary throughout the summer...each student can take it to their highest creative effort while fine-tuning & improving one's creative skills!!!

\$290.00~~~minimum deposit of \$140.00 to save spot. REMAINING balance is due upon ARRIVAL---the 1st day of workshop.PAID DEPOSIT holds your child's spot for the class,** it is NOT refundable due to materials specifically purchased for this workshop. Cash, check, PayPal "friends& family" ONLY-Ljoygrant1758@gmail.com.

Please complete info. below & return bottom portion **with deposit** as soon as possible to reserve your desired spot---limited spaces. ***You will be notified, confirming your class date-once student placement has been set.**

Checks payable to: Lisa Grant **Mail to:** 265 Lakewood Rd., Vicksburg, MS 39180

~~~~~cut here & return with deposit~~~~~**

SUMMER 2025 STUDENT NAME: _____ Age: _____ Gr. Level Entering: _____

Address: _____ Parent/Guardian name: _____

Cell #1 _____ Cell #2: _____ May I text your cell, if needed? YES or NO

School Attending: _____ **Email address** used regularly: _____

Deposit amt. _____ ck/cash (Please indicate if your child & friend wish to be in the same week)

Wish to attend:(please indicate-- "1" by 1st choice/" 2" by 2nd choice/NP--"not possible")

____ June 2nd-5th

____ June 9th -12th

____ June 16th-19th