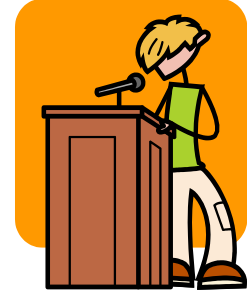




Montville Recreation Department's

SPEECH & DEBATE



- WHO:** Students in Grades 6th-8th, Beginner & Advanced Levels
- WHAT:** This program will focus on the techniques of effective public speaking in the areas of oratorical, humorous, duo, and dramatic interpretation, extemporaneous and impromptu speaking, and public forum debate.
- WHEN:** Tuesdays: October 15, 22, 29, November 5, 12, 19, 26 & December 3 from 3:45pm to 5:45pm.
- WHERE:** Montville Twp. High School Media Room & Class Room 301, 100 Horseneck Road in Montville

INSTRUCTOR/S: Mr. Michael Miller has coached the Montville High School Forensics team for 4 years, and is the head coach of the Forensics team. Michael has also taught eighth and sixth graders at Robert R. Lazar Middle School for 13 years. Students from the award-winning Forensics team will be acting as seminar interns.

- FEE:** \$135.00 per person for the 8 (eight) week session.
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/>

SPEECH & DEBATE CLASSES — FALL 2019

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

Address _____ Town _____ Home Phone _____

Primary Contact Name/Relation/Phone # _____

Secondary Contact Name/Relation/Phone # _____

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

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

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 Signature _____ Date _____

FOR OFFICE USE (7/18/19): Fee Paid _____ Cash _____ Check _____ Date _____ Received By _____ **PROGRAM # 886**