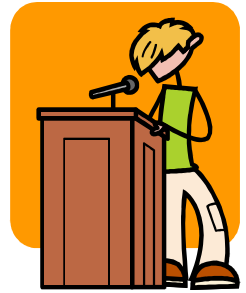




Montville Recreation Department's

FORENSICS INTRO



Competitive Speech and Debate

WHO: Students Entering Grades 6th-9th in September 2009

WHAT: This program will focus on the techniques of effective public speaking in the areas of oral interpretation, oratorical, interpretation, extemporaneous and impromptu speaking, as well as public forum debate.

WHEN:

SESSION	LEVEL	DATES	LOCATION	TIMES
1	Beginners	Tuesdays, Wednesdays & Thursdays: June 23, 24, 25, 30, July 1 & 2	Montville Twp. High School	9:00am to 12:00pm
2	Beginners & Advanced	Tuesdays, Wednesdays & Thursdays: August 18, 19, 20, 25, 26 & 27	T.B.D.	9:00am to 12:00pm

INSTRUCTOR/S: Mrs. Mary Gormley, Montville Twp. High School's Forensics Coach for 21 years, coaching students in local, state and national competition in the areas of Speech and Debate. Students from the award winning team will be acting as seminar interns.

FEE: \$60.00 per session. **NOTE:** There will be a \$5.00 processing fee for 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

*** **NEW !!! A CONVENIENCE FEE will now be charged for Credit Card use! Credit cards will ONLY be accepted ON-LINE!**

*** **Check or Cash Only for In-Person Registration OR Checks Only for Mail or Payment Drop Box!!!** ***

For On-Line Registration !!! Go to the town's website at: www.montvillenj.org

Click on Municipal Services & then click on Parks & Recreation & then click on On-Line Registration

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

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

FORENSICS: Competitive Speech and Debate—SUMMER 2009

NAME _____ AGE _____ BIRTHDATE _____ SEPT 09 GRADE _____ SCHOOL _____

ADDRESS _____ TOWN _____ PHONE _____ CELL _____

EMERGENCY NAME & NUMBER _____

EMAIL (Please print clearly & distinguish between numbers & letters) _____

PLEASE CIRCLE SESSION CHOICE/S: 1 (Beginners—June 23-July 2) **and/or** 2 (Beginners/Advanced—August 18-27)

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

My child has my permission to participate in this program.
I understand that the Recreation Department **DOES NOT** provide accident insurance.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

FOR OFFICE USE: Fee Paid _____ Cash _____ Check _____ Date _____ Received By _____ **PROGRAM # 886**