

"Send in Maureen" Organizational Classes

Maureen Heinen, a professional organizer, will share her knowledge to help you clean the clutter and improve your life.

1-2:30 p.m.

New Hope City Hall, 4401 Xylon Ave N

\$12 per person

Organize Your Basement or Garage

Do you think you have plenty of room in your garage but your car sits in the driveway? Learn ways to maximize available space and keeps track of what's kept where. Register by January 18.

320309-A: Thursday, January 25

The Organized Entrepreneur

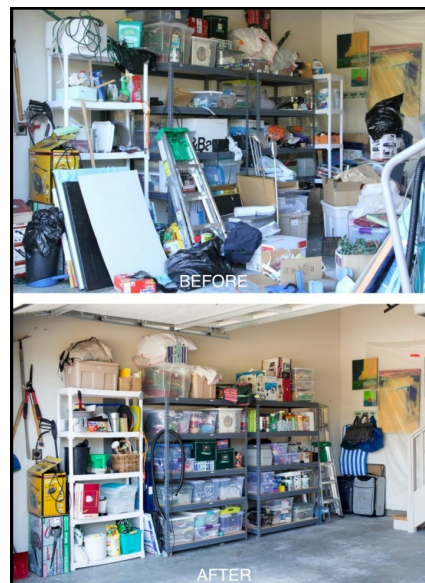
Are you a successful entrepreneur or on your way to being one? If so, are you efficient with administrative/business tasks or are to-do lists and time management getting you off track? Learn tips and strategies so you'll spend less time on operating an office and more time pursuing your work. Register by February 15.

320309-B: Thursday, February 22

Stay Organized with Simple Routines

There's never enough time in the day! Learn ways to chisel away unproductive time and find time you didn't think you had. Add small, effective and simple habits to maximize your time. Register by March 7.

320309-C: Thursday, March 14



Register with: New Hope Parks and Recreation
4401 Xylon Ave N
New Hope, MN 55428
763-531-5151

Refunds, program credits, or transfers are allowed up to the printed deadline. In the event of illness or injury, refunds may be given after the deadline. A doctor's written verification is required. All refunds are subject to a \$5 service fee. Confirmations are not sent. Payment by check authorizes the city to use information from your check to make a one-time electronic fund transfer from your account. Phone registrations accepted with a major credit card.

Online Registration: webtrac.nhrecexpress.com

Send in Maureen-Winter 2024

Participant Name _____ Phone (s) _____

Address _____ City _____ Zip _____

Email _____

Activity/Course _____ Date(s) _____ Time _____ Amount Enclosed \$ _____

I, the undersigned parent or guardian, authorize the City of New Hope to disclose to the City's insurer, attorney, staff, coaches, and other personnel involved in this program, the participant's name, address and telephone number for the purpose of program administration. I understand that the records are protected under state and federal privacy regulations and cannot be disclosed without my written consent unless otherwise provided by law. I hereby agree to allow the individual named herein to participate in the aforementioned activity, and further agree to hold the City harmless for any claim resulting from participation in this activity. I further give consent for any photos or videos taken during the program to be used by the City for promotional materials.

Signature _____ Date _____

Am Ex/Discover/MC/Visa _____ Exp Date _____ Security Code _____