



500 MAIN STREET SPRINGFIELD, OR 97477

Gallery Hours: Tuesday through Saturday 11 am to 4 pm

Ph: 541.726.8595 Fax: 541.726.2954

Art Classes, Workshops, Outreach Programs, Gallery & Gift Shop

WEBSITE: www.EmeraldArtCenter.org

E-MAIL: Admin@emeraldartcenter.net

Emerald Art Center is proud to present

Alan M. Clark

Controlled Accidents,

Exercises in Spontaneous Image Generation

(Acrylic Painting class for adults and young adults (12 and older))

July 6th thru August 3rd – Monday Evenings

6:30 PM to 9:30 PM

Members \$82.50, Non-Members \$90.00

Plus \$2 materials cost

During each class, Clark will demonstrate painting techniques that produce fascinating and complex variations of shape and value on a painting surface. Much like finding faces in wood grain, rock or clouds, these variations can present to the imagination fantastic suggestions of form. By adding highlights, shadows and color, one can develop these painting surfaces into finished compositions. Clark will move among the students while they try these techniques to give one-on-one instruction. Some painting experience will be helpful for this class.



Materials: The medium used will be acrylic paint on gesso-primed (2 to 4 coats) un-tempered hardboard. One surface for each student will be provided for the first class. Students will be required to provide their own materials, including acrylic paint, a variety of brushes, large and small. Brushes should be largely soft hair brushes, at least one large flat and one small round.

Registration & Cancellation Policy

Payment is required with Registration. We accept Checks, Cash, and Credit Cards as shown below. There will be a non-refundable cancellation charge of \$25 if cancellation is made 7 or less days before the first day of classes. No refunds will be made once class begins.

Enclosed is my Registration and Payment (EAC members \$82.50 & \$90 non-members, + \$2 Materials Fee) payable to **EAC for the Alan M. Clark Class.**

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone (____) _____ Email: _____

Payment method: Cash, Check, VISA, MasterCard

Card #: ____/____/____/____/____/____/____/____/____/____/____/____/____/____/____ Exp: ____/____

Signature: _____

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Mail form to: 500 MAIN STREET, SPRINGFIELD, OR 97477