




VILLAGE OF BRIARCLIFF MANOR RECREATION DEPARTMENT  
3 Library Road, Briarcliff Manor, NY 10510  
(914) 941-6560  
[www.briarcliffmanor.gov](http://www.briarcliffmanor.gov)

## Tween Crafting Club with Van-Go Wagon Co by Macaroni KID

Van-Go Mobile Art is rolling into the Youth Center during the winter months with creative fun for TWEENS!!

 This hands-on creative club is designed for tweens who enjoy making, building, and exploring new skills. Each week, participants will work with a variety of materials and techniques, including painting, clay modeling, simple sewing, and decorative crafts. Projects will also be inspired by participants' interests, encouraging creativity and self-expression. The focus is on skill-building, collaboration, and creative confidence in a fun, supportive environment.

**ELIGIBLE:** Children grades 4<sup>th</sup> – 6<sup>th</sup> who reside in the Village of Briarcliff Manor (VBM) and Briarcliff Manor School District (BMSD). Non-residents (NONR) are welcome to join!

**DATES & TIME:** **Thursdays**, January 22<sup>nd</sup>, 29<sup>th</sup> and February 5<sup>th</sup> and 12<sup>th</sup> (4 week class)  
6:30 p.m. – 7:30 p.m.

**LOCATION:** Briarcliff Youth Center, 5 Van Lu Van Road, Briarcliff

**FEE:** \$90 per participant for Village residents (VBM)  
\$100 per participant for School District and Non-resident (BMSD/NONR)

**REGISTRATION:** Registration begins 1/12/26 at 9 a.m. Registration may be done online\* from any device, in person (at the Recreation Office, 3 Library Rd) or by using the drop box outside the WJV Community Center, 3 Library Road. Space for all programs is limited and will be handled on a first come first served basis. In person and online registration will occur simultaneously. The drop box will be processed with the days' mail. \*In order to register online you have an existing account for your household or create one through our Registration software, [CivicRec](#).

## Tween Crafting Club – WINTER 2026

Fees: \$90.00 – Village of Briarcliff Residents (VBM) \$100.00 – School District / Non-resident BMSD/NONR)

NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ PARENT CELL #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

MEDICAL CONCERNS: \_\_\_\_\_

The undersigned hereby recognizes that there are inherent risks involved with participation in this program and agrees to release and hold harmless the Village of Briarcliff Manor, its employees, contractors and volunteers, of any liability whatsoever in connection with any damages and/or injuries that the above named person may sustain as a result of participation. If medical emergency arises, instructors will call 911. I give permission for my child to be transported to hospital and necessary treatment provided by hospital medical staff. I have read and fully understand the above acknowledgement of risk, release / indemnification and covenant not to sue. I have signed this document of my own free will, and agree to the terms outlined herein.

E-Mail Address: \_\_\_\_\_  
(For receipt/notification purposes only)

\_\_\_\_\_  
Signature of Parent/Guardian

**METHOD OF PAYMENT:** ☐ CASH ☐ CHECK # \_\_\_\_\_ ☐ CREDIT CARD \*\*

Checks payable to: Village of Briarcliff Manor (\$20 fee for returned checks). \*\* additional 3% fee or min. \$2 with occur with using a credit card

**DATE:** \_\_\_\_\_ **AMOUNT:** \_\_\_\_\_ **RECEIPT#:** \_\_\_\_\_