



Chinese Calligraphy and Brush Painting
Summer Program For Youth 2010
Instructor Feng Chen



Fee

Material fee pay to instructor at first class
\$160 + \$40 material fee

Objectives

- (1) Deepen understanding of Chinese art
- (2) Cultivate appreciation of Chinese culture

Class outline

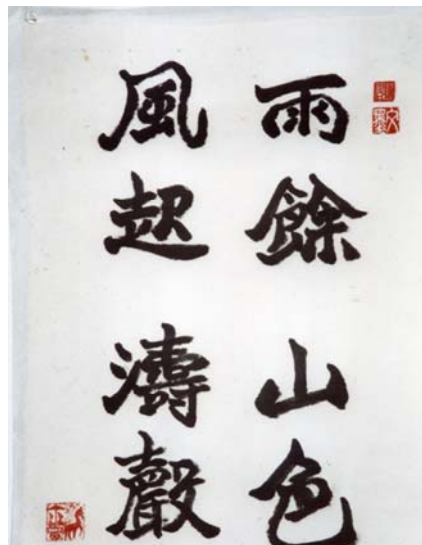
Learn this ancient and elegant style of art from artist Feng Chen. Students will learn how to make animals come alive with their own delicate and beautiful works of art. In this program, students will be taught brush strokes, shading, texture, and composition. Subject matter will include calligraphy, flowers, animals, and landscapes.

Instructor Feng Chen is a skilled and experienced teacher who has taught at the Japanese Center, Randall Museum, Bacon Center, Chinese American International School, San Francisco Public Libraries, and Green Bamboo Art Studio.

Students may sign-up for both groups in each session. New content will be taught in each group.

<u>Session I</u>	<u>June 14 - July 8</u>
Group A	Mon Wed
Group B	Tue Thurs
<u>Session II</u>	<u>July 12 - Aug 5</u>
Group C	Mon Wed
Group D	Tue Thurs

ALL CLASSES FROM:
9:00am – 10:30 am



LOCATION:

San Francisco Botanical Garden
Society at Strybing Arboretum-
Golden Gate Park

1199 Ninth Avenue, at Lincoln Way
San Francisco, CA 94122

Call Kitty Fisher: 415-661-1316 x 400
OR
Visit us at www.sfbotanicalgarden.org
education

CLASS IS LIMITED TO 18 STUDENTS
SIGN UP EARLY



Education Department
of San Francisco Botanical Garden Society
Classes, Tours, Events
Featured Events

Preregistration is required for all classes

REGISTRATION: Call, fax, or mail check or credit card # to
SF Botanical Garden, 9TH Avenue @ Lincoln Way, San Francisco, CA 94122.
415/661-1316X400 or 415/661-7427

- 1. Fill Out Registration Form:**
Fill our one form for each person. Students must be at least 12 years old.
- 2. Make Payment:**
Please pay by check or credit card.
Write the class code (____) on each check. Make all checks payable to: **SF Botanical Garden**
- 3. Address Your Registration Materials to the above address @ SF Botanical Garden**

Name _____ Home Phone _____ Day Phone _____

Age (must be at least 12) _____

Address _____ City _____ Zip _____

Member? (YES) _____ (NO) _____

Course No.	Title	Fee Amount
A _____	_____	_____
B _____	_____	_____
C _____	_____	_____
D _____	_____	_____

Payment: Check ___ Visa ___ MC ___ Total _____

_____ - _____ - _____ - _____, Exp. _____

3/digit #'s _____

Email _____