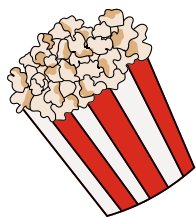




County of Sacramento, Dept. of Reg. Parks  
 Therapeutic Recreation Services  
 5325 Engle Rd. #810, Carmichael, CA 95608  
 www.regionalparks.saccounty.net TRS@saccounty.gov



# MOVIE CLUB!



Movies & popcorn anyone?! Come watch new movies in-person with your friends. We have a movie club and it has been such a great time! If you love movies as much as us, it's not too late to join in on the fun and become part of the club. We aim to see two movies a month, but depending on releases, we may only see one.

**Cost:** Each movie will be \$10. Each person can buy a "pass" for up to 4 movies at a time.

**Days/Times:** Tuesdays, we will aim for showtimes around 6pm.

**Location:** Either Century Arden or Country Club Cinemas.

**How it works:**

- Each month, the Movie Club will be going to at least 1 movie, maybe 2, depending on scheduling. The movies will always be on Tuesday nights.
- Each person that is interested in joining the club must register to be placed on the information list. When you register, you choose how many movie "passes" you would like, up to 4.
- Movie information will be sent out to the Club members the Thursday before each movie.
- If any Club members are interested in that movie selection, they will have a couple days to RSVP to secure their spot.
- No-Shows will not receive a credit once tickets have been redeemed.



**Board of Supervisors**

- Phil Serna, District 1
- Patrick Kennedy, District 2
- Rich Desmond, District 3
- Sue Frost, District 4
- Pat Hume, District 5
- David Vilanueva, County Executive

We will be seeing a variety of movie genres. Joining the club does not mean you have to go to every movie; It just gets you on the information list.

Financial Aid Opportunity:  
 Pathways to Recreation, Inc. is offering financial aid to qualified individuals. If you are interested in financial support, please write "SCH" on the program line of the registration form, and a Scholarship application requesting more information will be sent to you.

Movie Club

Name \_\_\_\_\_ Age \_\_\_\_\_ M / F # Attending \_\_\_\_\_  
 Care Home/ Facility (if applicable) \_\_\_\_\_  
 Email \_\_\_\_\_ Phone # \_\_\_\_\_  
 Emergency Contact# \_\_\_\_\_ Amount enclosed: \$10 X # \_\_\_\_\_ = \$ \_\_\_\_\_ Check  
 this box if you are interested in Pathways financial aid

