

VILLAGE OF BRIARCLIFF MANOR RECREATION DEPARTMENT
3 LIBRARY ROAD, BRIARCLIFF MANOR, NY 10510
Phone: (914) 941-6560 Website: www.briarcliffmanor.gov
Email: seniors@briarcliffmanor.gov



MAH JONGG LESSONS

Three Bam! West! Five Dot!

Join Daphne and learn to play this very popular game! Daphne will teach you the rules of the game, names of the tiles, how to pass tiles, and strategies & betting tactics. Mah Jongg is a great way to be social, have fun, fortify your brain power and keep your mind sharp.

INSTRUCTOR: Daphne Crosswell

LOCATION: Youth Center – Upper Level

DAY/TIME: Tuesdays 9:30 am to 11:00 am

DATES: January 27th to March 24th (8weeks) **NO CLASS 2/17**

FEES: \$100.00 – Village Residents (VBRM)

\$110.00 – School District Residents (BMSD) / Non-Residents (NONR)

NOTES: Participants are required to purchase the **current NMJL card**, which is available online from the National Mah Jongg League: <https://www.nationalmahjonggleague.org> or Call 212.246.3052. Playing sets will be provided. Class requires a minimum of 4 players, it is in your best interest to attend all the lessons.

REGISTRATON: Registration begins December 10, 2026 at 9:00 AM. Registration may be done online, in person at the Recreation Office, or by using our drop box located outside of the WJV Community Center. 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.

Note: For those who do not have an existing online account, you must create an account through our Registration software CivicRec at <https://secure.rec1.com/NY/briarcliff-manor-ny/catalog>.



Mah Jongg Lessons – Fall 2025

Fees: \$100.00 Village of Briarcliff Residents / \$110.00 – School District/Non-Resident (BMSD/NONR)

NAME: _____ PHONE: _____

FULL ADDRESS: _____

E-MAIL ADDRESS: _____ CELL PHONE: _____

EMERGENCY CONTACT/RELATIONSHIP: _____

EMERGENCY CONTACT PHONE #: _____

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.

Signature

METHOD OF PAYMENT: CASH CHECK # _____ CREDIT CARD ** (will incur an additional 3% or a \$2 min. fee)

Checks payable to: Village of Briarcliff Manor (\$20 fee for returned checks)

DATE: _____

AMOUNT: _____

RECEIPT #: _____