



CLASS/ WORKSHOP PROPOSAL

Title of Class/ Workshop _____

Instructor's Name _____

Beginning _____ Intermediate _____ Advanced _____ Ages (if Kids) _____

Dates _____ Time _____

Number of Weeks _____ **Minimum # Students** _____ **Maximum # Students** _____

Tuition _____ **Supply Fee (non-BRMAA supplied items)** _____

BRMAA Supply Fee (items provided by BRMAA) _____ Total \$ _____

Supply List Yes _____ No _____ If yes, please list or attach separate sheet. _____

Description of the class content and objectives _____

List intended projects _____

Techniques students will learn _____



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Instructor's Name _____

Address _____

Home Phone _____ Cell Phone _____

E-mail _____

Please e-mail the following to BlueRidgeArts.Programming@gmail.com.

- A short bio of yourself
- Photo/s of yourself
- Photo/s of what the students would be learning
- Anything else that would help us promote your class

Please note our commission rate scale is as follows:

Instructors receive 70% / Art Center receives 30%

Less than minimum # of students set: Instructors receives 90% / Art Center receives 10%

By signing this document you agree to adhere to and abide by the Terms and Conditions stated above.

Signature: _____ Date: _____

For Office Use Only

Date registered		Class List		Website Input	
Instructor Agreement		Class Roster		Constant Contact	
Google calendar		Put in Class Binder		Facebook	
Classroom		Supplies in Stock		Maximizer	
Authorized by		QuickBooks		W-9	

Notes _____
