

CLASS/ WORKSHOP PROPOSAL

Title of Class/	Workshop		
Instructor's Na	me		
Beginning	Intermediate	Advanced	Ages (if Kids)
Dates			Time
Number of Wee	eks/ Sessions	Minimum # Students	Maximum # Students
Tuition		**Please note instructor comm	nission rate policy listed below**
Description of	the class content and	objectives	
List intended pr	rojects		
Techniques stud	dents will learn		

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
- References of previous instructor experience
- Anything else that would help us promote your class



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SUPPLY FEES/ COSTS (PLEASE SELECT ONE)

	on-BRMAA supplied items) Please	e list or attach list of supplies provided by			
	ms provided by BRMAA) Please a	attach list of BRMAA provided supplies Total			
*Is there a Student Supply List	Yes No If yes, plea	ase list or attach separate sheet.			
instructor's Name					
Address					
Home Phone	me Phone Cell Phone				
E-mail					
percentages are based on net of to 1 – 3 students signed up – 4 – 5 students signed up – 6+ students signed up – in	scale is based on a minimum stude otal receipts, including applicable instructors receive 100% of the constructors receive 80% / Art Centerstructors receive 70% / Art Center minimum will receive the standard	class fee nter receives 20% er receives 30%			
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For Office Use Only	Authorized by Class List	Website/Paypal Constant Contact			
Date received Instructor Agreement W-9	Authorized by Class List QuickBooks	Website/Paypal Constant Contact Facebook/Pinterest			
For Office Use Only Date received Instructor Agreement	Authorized by Class List	Website/Paypal Constant Contact			