



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: _____

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For Office Use Only

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

Notes _____
