



Education Proposal - Adult

Session: **Winter:** Jan. – April **Summer:** May – August **Fall:** Sept. – Dec.

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email _____

Proposed Class or Workshop Title _____

Skill Level:
Introductory/ beginner intermediate experience required all skill levels

Description of content, skills & topics covered:
Please describe what will occur in the class.

Please give us possible date(s) (with day of the week) and times you would like the class to take place

Date First Choice: _____ Second Choice: _____

Time First Choice: begins: _____ ends: _____ Second Choice: begins: _____ ends: _____

Total instruction time for your class/workshop: _____ (hours)

Your website: _____

Ignite Minds, Stir Souls, Open Hearts... Boldly Create



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Instructor Biography:

Please give a brief description of your background in art

List 1-3 places you have taught in the last 5 years and the title/ cost of the class:

Payment: *Please state your compensation preference:*

Hourly: Flat fee: Percentage of students' tuition

Requested compensation amount: _____

- Please email or mail: completed proposal form, resume, 2-4 Images of your work and a student materials list (if you are not supplying materials).
- Staff will review all proposals. We will contact you to confirm dates and pricing.

Please contact us with questions by email: ashley@roguegallery.org or phone: (541) 772-8118

