



Education Proposal - Youth

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

Name: _____

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

Phone: _____ Email _____

Proposed Class or Workshop Title _____

Ages: 7-10 11-14 13-17 other: _____

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



Education Proposal

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:

Requested hourly compensation: \$_____ an hour

- * Please email or mail: completed proposal form, resume, 2-3 references, 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

