

WORKSHOP/CLASS PROPOSAL

Project Title: _____

Student Age , Check all that apply

_____ All _____ Adults _____ Youth _____ Children

Proposed by: _____

Contact Person : _____

Title : _____ Artist _____ Organization

Address: _____

Phone: _____ Cell Phone _____

Fax: _____ Email: _____

Website _____ Facebook _____

Project Description :

Type _____

Primary Medium _____

Duration _____ hours _____ minutes

Maximum Class Size _____

Site Requirements/Requests

Provided by Workshop Leader

