**KENT ISLAND FEDERATION OF ARTS**

**Class Proposal Form 2023**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tax ID Number (or Social Security Number): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone numbers: Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Means of Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class Title (As it should appear in advertising): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medium: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred date of the class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred start time of the class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list an alternative date and time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class Type: One Class --- How long: 2, 2.5 or 3 Hours Series: Y or N ---- If so, how many classes \_\_\_\_\_\_\_

Target Age Group: Children (5-12) \_\_\_\_\_\_\_\_\_ Teen (13-18) \_\_\_\_\_\_\_\_ Adults (18+) \_\_­\_\_\_

Skill Level: Beginners \_\_\_\_\_\_ Intermediate \_\_\_\_\_\_\_\_ Advanced \_\_\_\_\_\_\_\_\_

Description of class, please write a paragraph describing your class (As it should appear in advertising)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of students per class: Minimum (3-4) \_\_\_\_\_\_\_\_\_ Maximum \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructor pay: **KIFA pays 80% of tuition cost to instructors. For example, if you class costs $100 and 4 students pay $100 each (total $400), you will receive 80% of $400 which is $320.**

KIFA does not provide supplies for classes. You may charge students a supply fee to be paid on the day of the class. ($5 to $10 is a suggestion, may depend on the class)

Are students required to bring materials to your class? yes\_\_\_\_\_\_\_ no\_\_\_\_\_\_\_\_

If yes, please provide a materials list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This form must be completed and signed by the instructor, and returned to KIFA approximately 4 weeks prior to the class date. **We encourage all instructors to advertise your class in your art and social groups.**

Please email a short bio, and a photo of you and project samples for promotional purposes to arthousekifa@gmail.com

**Liability:** KIFA shall be held harmless from and against any claim, suit, damages, proceeding loss, injury or liability (including attorney’s fees), whether in contract or in tort, (including negligence) arising out of, or related to any damage or loss of property or injury to person (including death resulting caused by or arising out of, or related to, any damage or loss of property resulting there from), caused by or arising out of the performance of the services.

This agreement shall be governed by and construed in accordance with the laws of the State of Maryland.

Agreement to teach implies acceptance of all policies as stated above.

**Instructor Signature:** \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Education Clair Person Approval and Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Kent Island Federation of Arts, Inc. 405 Main Street Stevensville, MD 21666

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