



# d-Art Center Class and Workshop Proposal

First, Last Name

Main Contact Phone #

Email Address:

Proposed Class or Workshop Title:

Please Check Off Preferred Session:

3 Period Class

4 Period Class

6 Period Class

One Day Workshop

Availability: *(classes meet once a week)*

Availability Days of the Week:

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Times:

Specific Dates of Availability:

Workshop Availability: *(workshops meet for one session only)*

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Times:

Lunch Break Needed:

Student Age Range:

Adults 15+

Kids: Indicate Age Range

Student Experience Level:

Beginner

Beginner/Intermediate

Intermediate

Intermediate/Advanced

Advanced

All Levels

Class or Workshop Description: *Please include a short description of class or workshop below (2-3 sentences):*



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Supply List:

*Instructor Biography: Please include a short description of your expertise to teach your particular classes or workshop. Include degrees, experience, awards, and anything else that is applicable.*

*Instructor Biography: Please provide an original art-related quote (about your class/ workshop, your aesthetic viewpoint, the d'Art Center, etc.)*