

TRWC ART CENTER

Instructor Form

CLASS TITLE: _____ INSTRUCTOR'S NAME: _____

PHONE # _____ ADDRESS: _____

E-MAIL: _____ WEBSITE: _____

PREFERENCE FOR CLASS TIME: AM _____ PM _____ EVE _____ DAY OF WEEK _____ MONTH _____

CLASS STYLE: ONE DAY WORKSHOP _____ # OF WEEKS _____ 1 TIME ONLY CLASS _____

SPECIAL EVENT/DEMO _____ HOURS PER CLASS _____ MIN AGE RANGE _____

MINIMUM # OF STUDENTS _____ MAXIMUM # OF STUDENTS _____

CLASS ROOM REQUIREMENTS: WATER _____ ELECTRICITY _____ STORAGE _____ MUSIC _____

OTHER _____ (Explain)

SYNOPSIS OF CLASS: (Attach a separate page as needed)

WHAT CAN STUDENT EXPECT TO LEARN FROM THIS CLASS: (Attach a separate page as needed)

INSTRUCTORS BIOGRAPHY: (attach a separate page)

MATERIALS REQUIRED:

SUPPLIED BY:

INSTRUCTOR _____ STUDENT _____ ADDITIONAL MATERIALS FEE PER STUDENT _____

STUDENT FEE: _____ (TRWC normally charges \$20 for members and \$25 for non members for a 3-4 hour class - \$10

from that fee can be applied to supply costs (*reimbursable*), if additional supplies are needed please identify a separate "additional materials fee" and check who will collect it.) _____ TRWC AT REGISTRATION _____ INSTRUCTOR AT TIME OF CLASS

SPONSORED BY TRWC? YES _____ NO _____

TRWC SPONSERED INSTRUCTORS NEED TO CHOOSE:

Stipend to be paid for this class? Yes _____ No _____ or Volunteer Hours Yes _____ No _____ (*One or the other but not both*)

Agreed upon by: Instructor _____ TRWC _____ Date _____