



Class/Workshop Proposal

Instructor Name: _____

Date: _____

CLASS PROPOSAL

Title of Class Proposed: _____

Class Description (Please be brief but concise, explain exactly what students will learn and make):

Age Range of Students: _____

i.e. Grades K-2nd, Grades 3-6, Grades 7-12, Adult ages 16+ up, Adult ages 21 & up, other.....

Ability of Students: _____

i.e. beginner, Intermediate, some basic knowledge of..., etc.

Preferred Month: _____ **Preferred Day of the Week:** _____

Preferred Start Time: _____ **Preferred End Time:** _____

*Dates will be confirmed with instructor prior to publication.

Class Duration (one session, 2 repeating sessions, 6 weeks, etc.): _____

Minimum # of Students: _____ **Maximum # of Students:** _____

Instructor is to provide all materials for each student/class.

Cost of Class/Session: _____

The HCAC will add \$5 to the individual class/session fee you have entered above for HCAC non-members.

Please note: You will need to provide HCAC with your class description, a photo of the project and a head shot no later than the 10th day of the month prior to your class date. i.e. Your class is November 5, HCAC must have the above mentioned items no later than October 10. These materials will be used for the press release and the newsletter. Two to three months is preferable for good advance advertising of your class and dates/times are reserved on a first request basis!

Payment by Students: We do not accept credit card payments for class fees. We will take cash or checks (made out in the instructor's name) and request that you (the Instructor) provide the HCAC with an accounting of the number and names of students attending your class and payment of the \$5 per person non-member fee.

We ask that instructors leave the gallery/class room clean and tidy at the end of their session.

Name: _____

Address: _____

City: _____ Zip: _____

Phone: _____

Email: _____



I am a current HCAC Artist Member!

Please initial the following and sign

____ Complete all required information as outlined in this Class/Workshop Proposal

____ Acknowledge that a criminal background check is required to instruct children.

____ Provide the following for website publicity:

◇ A brief bio (1-3 paragraphs) and

◇ Photographs of YOU and YOUR WORK (or a previous class)

____ Understand that ALL Class Registrations are to be made through the HCAC.

____ Understand that class payments by check will be made out to you, the instructor, and that you will need to provide a completed sign-in sheet for each class. HCAC non members will be charged \$5 more than HCAC Artist Members and you will be responsible for providing the \$5 up charge to HCAC either as a check or cash.

____ Inform the HCAC Executive Director of any hazardous materials, open flame, or electrical needs prior to class meeting.

____ Notify HCAC of any changes in class information, requirements, or cancellation at least 48 hours prior to scheduled class time.

____ Leave classroom space clean after every class/workshop. Tables and chairs should be arranged neatly.

____ Not hold HCAC responsible for any injury, loss, damages, or expenses of any nature sustained by instructor or instructor's personal property during any class, workshop, performance, or in the execution of any duties or obligations pertaining to this agreement.

____ Understand that you must be a current **HCAC Artist Member** to teach a class, workshop or provide a gallery talk.

____ I acknowledge that all information provided is true and accurate

Signature _____ Date: _____

Send your completed application packet to: HCAC, Director, PO Box 306, 86 N. Main Street, Waynesville, NC 28786 or email: director@haywoodarts.org