

Gualala Arts Workshop Instructor Application

Instructor's Name: _____

Mailing Address: _____

Phone: _____ Fax: _____

E-mail: _____ Website: _____

Reference Contact: _____ Phone: _____

Title of Workshop: _____

Gualala Arts reserves the right to release instructor contact information (phone/e-mail) to prospective students: _____
Initials

Dates Requested: (Scheduling is difficult, please provide three if possible. To avoid confusion, please specify both dates and days of the week; for example: Saturday, April 28, 2007)

	<small>Day(s) of Week</small>	<small>Calendar Dates</small>	<small>From</small>	<small>Time to</small>
(1)	_____	_____	_____	_____
(2)	_____	_____	_____	_____
(3)	_____	_____	_____	_____

*Must Sign-Up By _____ (*The date minimum # of students must be enrolled or class cancels)

Base Workshop Fee :
 (including GA 25% commission): _____

FOR OFFICE USE ONLY

Non-member
 Tuition rate if applicable

Materials Fee (no commission): _____

Age Level: _____ Minimum Students: _____ Maximum Students: _____

Lunch Arrangements:
 (bring a lunch/time to go out) _____

Student prerequisites:

Materials students must provide:

Equipment/ set up/ room space needed:

Instructor Publicity Requirements:

At the time of submission, please include **(1)** a description of the workshop, **(2)** any instructor statements, **(3)** images of your work, yourself as an artist, and any other images relevant to the workshop should be provided with a minimum of two images but preferably five, **(4)**, a brief biography, and **(5)** a materials list if needed. (see page 2 for image size requirements) This should be sent to Workshop Chairman, Lamar Van Gunten at lamarvg@mindspring.com.