



Gualala Arts Workshop Instructor Application

Title of Workshop: _____

Instructor's Name: _____

Mailing Address: _____

Phone: _____ Fax: _____

Reference Contact: _____ Phone: _____

Gualala Arts reserves the right to release instructor contact information (phone/email) to prospective students: _____

Initial

Workshop Description: _____

How many days would your workshop last? _____

Preferred dates & time:

1. _____

2. _____

3. _____

Because scheduling is difficult please provide 3 possible dates & list your preferred class hours.

Sign-up by date _____ (day the minimum # of students must be enrolled or class cancels)

Student tuition cost including GA 25% commission: _____

or instructor daily fee _____

Materials Fee (no commission) _____

Please provide a list of materials provided _____

Student Prerequisites:

Materials List for Students:

Equipment/ Set up/ room space needed: