Gualala Arts Workshop Instructor Application

Title of Workshop: ________________________________________________
Instructor's Name: _________________________________________________
Mailing Address: __________________________________________________
Phone: ___________________________ Fax: ___________________________
E-mail_________________________ Website:___________________________
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, GA suggests one week prior to the start of class)
Minimum number of students_______ Maximum number of students_______

Student tuition cost including GA 25% commission: $ _____
or instructor daily fee $_________

Materials Fee (no commission) $_____ paid directly to the instructor at first class.
Please provide a list of materials provided________________________________________

Student Prerequisites:

Materials List for Students:

Equipment/ Set up/ room space needed: