

Equipment/ Set up/ room space needed:

## Gualala Arts Workshop Instructor Application

| Title of Workshop:  |          |
|---|----------|
| Instructor's Name:  |          |
| Mailing Address:  |          |
| Phone: Fax:   |          |
| E-mailWebsite:  |          |
| Reference Contact:Phone:  |          |
| Gualala Arts reserves the right to release instructor contact information (phone/email) to students:  Initial  Workshop Description:  |          |
|   |          |
| How many days would your workshop last?  Preferred dates & time:  |          |
| 1   |          |
| 2   |          |
| 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 cancels, GA suggests one week prior to the start of class)  Minimum number of students Maximum number of students | or class |
| 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:  |          |