

SPOKANE ART SCHOOL
Winter 2024
CLASS or WORKSHOP PROPOSAL/ SYLLABUS

TEACHER _____ CLASS _____

CLASS DESCRIPTION _____

DATES AND TIMES (Saturday and evening offerings are especially welcome)

VENUE _____

AGE GROUP _____ #OF STUDENTS (Max) _____

SUPPLY/LAB FEE (to cover) _____

SUPPLY LIST FOR STUDENTS? Yes No

IF YES, LIST THE SUPPLIES THE STUDENTS NEED TO BRING TO CLASS (or attach separate)

MATERIALS AND EQUIPMENT YOU WOULD NEED FROM SAS (we have tables and chairs)

Brief weekly description of class activity

First Week: January 15 - 21: _____

Second Week: January 22 – 28: _____

Third Week: January 29 – February 4: _____

Fourth Week: February 5 - 11: _____

Fifth Week: February 12 – 18: _____

Sixth Week: February 19 - 25: _____

(If you are offering more than one class, please fill out a separate form for each class.)

INSTRUCTOR CONTACT INFORMATION:

NAME _____

ADDRESS _____

PHONE _____

EMAIL _____

PLEASE ENCLOSE A SHORT BIO AND AN IMAGE FOR PUBLICITY PURPOSES (