

Class Proposal Form

Instructor Info

Name: _____

Phone: _____

Email: _____

Bio and Qualifications:

Date(s) of class: _____ Time of Class: _____

Class Title: _____

Class Description:

Minimum # of students: _____ Maximum # of students: _____

If under 18 years old, what's the age they can take the class? _____

Do parents have to stay with their child? _____

Level(s): Beginning Intermediate Advanced Room Preference: _____

ACAC supply materials or do you supply materials? _____

Supplies needed from ACAC:

Send Picture(s) and W9 to Becca at classes@adamsarts.org

Interested in teaching an outreach program in the community?

Healing Arts (all adults)

Senior Citizens

In Schools with Children

Do you have any experience or are you comfortable working with adults or children with disabilities? Emotions, Intellectual and/or Physical? _____

For admin purposes

Rate: _____

Contract Term: _____