

# Kent Island Federation Of Arts, Inc.

## Class Proposal Form

Name \_\_\_\_\_

Tax ID Number (or Social Security Number) \_\_\_\_\_

Address \_\_\_\_\_

City, \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone numbers: home \_\_\_\_\_ cell \_\_\_\_\_

Title Of Class \_\_\_\_\_ Medium \_\_\_\_\_

Skill Level of students—Beginners      Intermediate      Advanced

Description of class *please write a paragraph describing the class*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Class Type                      Continuing—              2 or more sessions

Workshop—              1-2 sessions

Target Age Group              children (ages) \_\_\_\_\_ adults \_\_\_\_\_

Number of students              Maximum \_\_\_\_\_

Preferred day and time *please list more than one*

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Fee structure              Fee for teaching the class \_\_\_\_\_

Materials required              yes              no

Materials list

\_\_\_\_\_

\_\_\_\_\_

Materials provided              yes              no

Additional fee for materials              yes              no

This form **must** be completed and signed by the instructor, and returned to KIFA 2 weeks **prior** to the start of the class.

