

## **WORKSHOP PROPOSAL & AGREEMENT**

Instructor's Name:	Phone #:
Address:	City:
State: Zip Code: Email:	
Workshop Title:	
Date: Time: Acce	epted Ages:
Maximum # of Students: Minimum # of Student	ts:Materials Fee:
Fee: Guild Member Non-member L	_evel of Ability:
Special Requirements (equipment, supplies, room set-u	up):
Course/Workshop Description:	
Material List for Students:	
Unless otherwise stated below, compensation to the in and 100% reimbursement for materials provided by the	
Instructor Signature CARBON COUNTY ARTS GUILD and DEPOT GALLERY	Date