

## 2020 Grand Blanc Arts Council Class Proposal

Please fill out this form for classes.

2020 Schedule  
Fall Session—September-December

Please be as specific as possible in class descriptions and details. We appreciate your help. All instructors must be up to date on their dues before their courses can be included in the catalog. Please email form to [angelazybellhamilton@gmail.com](mailto:angelazybellhamilton@gmail.com), [grandblancarts@outlook.com](mailto:grandblancarts@outlook.com), or mail this form to GBAC, c/o Art Education Program, P.O. Box 358, Grand Blanc, MI 48480

Thank you!

Instructor Name: \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Class Title: \_\_\_\_\_

Please check which class format you wish to teach:

\_\_\_\_\_ Workshop (a short class of 1 or 2 meetings)

\_\_\_\_\_ Regular class (3 or more class meetings)

\_\_\_\_\_ Total Number of class meetings

\_\_\_\_\_ Regular class + Drop-in (3 or more class meetings, drop-in OK for any session)

\_\_\_\_\_ Total Number of class meetings

Description of class/workshop: (as you want it to appear in publicity)

Age of students (circle or highlight one):

- All Ages
- Children ages 5 to 12 (Please indicate if you will accept younger ages)
- Pre-Teen (ages 10 to 13)
- Teen to Adult (13 and up)
- Adult (16 and up)
- Adult (21 and over. In case of a painting party)
- Other (Please specify) \_\_\_\_\_



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Minimum number of students you will accept and still run the class: \_\_\_\_\_

Maximum number of students you will allow: \_\_\_\_\_

Materials provided by: \_\_\_\_ Student \_\_\_\_ Instructor \_\_\_\_ GBAC

Materials student must bring:

OR what does the GBAC need to provide?

Total fee for class/workshop: \_\_\_\_\_ Remember to consider GBAC's 30% commission.

Materials (to be added to class fee): \_\_\_\_\_

(Include cost for class, and separate materials fee if provided by instructor)

Any special requirements if instructor provides materials?

Preferred Schedule:

Proposed Start date: (see schedules above) \_\_\_\_\_

Provide 1-2 Preferred Day(s) of Week. Circle your preferences.

Monday      Tuesday      Wednesday      Thursday      Friday      Saturday

Provide 2-3 Suggested Class Times (and Duration):

(I.e. 6:00-8:00 PM or 10:00 AM -12:00 PM)

Choose:      Morning      Midday (11 – 1 pm)      Afternoon (2 – 5 pm)      Evening 6 pm and later

Please include an image of your work that represents the class.

Do we have your permission to use your image(s) in marketing for your class, including a variety of program guides and on social media?

(Circle one)

Yes              No

Thank you!

