



APPLICATION FOR WORKSHOPS

Instructor's Name: _____

Title of Workshop: _____

Location of Workshop: _____

Instructor's E-mail: _____

Contact Phone: _____ Preferred Date: _____

Submission should include an outline of the workshop and up to 5 photographs of work that illustrates the subject, a list of supplies needed by each student and/or a supply list for purchase with the cost per student (to be collected by PCAC). Instructors are paid per hour which may include workshop and area preparation/cleaning time as well as any extra agreed upon fees per your contract. Covid 19 Protocols must be in place.

Travel allowance _____ Snacks/lunch _____

Room rental _____ Special Supplies _____

Please Describe Your Workshop:

Maximum number of students: _____ No. Of sessions: _____

Hours/session: _____ Time From: _____ To: _____

Outline of class: _____

Committee Comments: _____

PCAC Committee Approval

Date