



PROPOSAL FOR CLASS

Instructor: _____

Email: _____

Phone: _____

Class/Workshop Title: _____

Short Description: _____

Hours per Session: ____

Number of Sessions: ____

Preferred date(s), day of the week and times: _____

Age of participants:

- Youth (4-6 yr)
- Youth (7-12 yr)
- Teens (13-18)
- Adults
- Other: _____

Class Fee: _____

Class size (min/max): _____

If applicable, Additional Materials Fee (or is it included in class fee?): _____

Brief bio of instructor (optional): _____

****Email a minimum of 2-3 high-quality images, along with workshop title, for developing promotional materials to: elizabeth@artescapesonoma.com**