

Louisville Visual Art Association

APPLICATION TO SUBMIT A PROPOSAL TO INSTRUCT AN ADULT EDUCATION CLASS/WORKSHOP

CONTACT INFORMATION:

NAME: _____ DATE: _____

CURRENT ADDRESS: _____

PERMANENT ADDRESS: _____

DAYTIME PHONE: _____ EVENING PHONE: _____

EMAIL ADDRESS: _____

PROJECT DESCRIPTION:

SUBJECT/MEDIA PROPOSED FOR CLASS: _____

IDEAL CLASS SIZE: _____

EQUIPMENT/FACILITY REQUIREMENTS: _____

DURATION OF CLASS: _____

PROSPECTIVE DATES BEGINNING AND ENDING CLASS: _____

AVAILABILITY (DAYS, HOURS): _____

PLEASE DESCRIBE PROPOSED CLASS/WORKSHOP BELOW: _____

PLEASE LIST SUPPLIES NEEDED AND COST OF EACH SUPPLY:

REPLY TO: Savannah Barrett, Education Programs Coordinator
Louisville Visual Art Association