



COURSE PROPOSAL

Date: _____

Your Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Website: _____

COURSE/WORKSHOP INFO

Proposed Title: _____

Required skill level for students: _____

Class Description (limit to four sentences; subject to editing):

This class/workshop is for _____ Adults _____ Teens _____ Children _____ All ages

My minimum number of students is: _____ and the maximum is: _____ (NAA suggests at least 4)

This class/workshop is for skill level: _____ Beginner _____ Intermediate _____ Advanced _____ All Levels

Date (first choice): _____ Start time: _____ Hours per Class: _____

Date (second choice): _____ Start time: _____ Hours per Class: _____

Duration: _____ once _____ repeat _____ weeks _____ repeat _____ days

Cost per student: _____ NAA Member: _____ Non-member: _____

NAA RETAINS 30% OF THE TOTAL FEE RECEIVED. INSTRUCTOR RECEIVES 70% OF TOTAL FEE RECEIVED. ALL CHECKS ARE TO BE MADE OUT TO NORTHPORT ARTS ASSOCIATION (SUPPLY FEES ARE THE ONLY EXCEPTION).

INCLUDE (REQUIRED)

- current resume or work samples/photos
- brief bio (include professional and/or artistic achievements)
- typed supply list (and whether you will provide supplies for a set fee or prefer students provide their own)

SUBMIT TO

Northport Arts Association email:
NorthportArtsforAll@gmail.com

Or mail: **Northport Arts Association**
PO Box 262
Northport, MI 49670