



REQUEST FOR CLASSES

Fall 2017 Session: September 11th through November 4th (8 weeks).

Send requests to: studio@lagrangeartleague.org

DEADLINE: JULY 7TH

Please indicate below the classes and times you would like to teach. Please fill out all areas of the form so that I have your contact info if needed.

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home: _____ Cell: _____
Email: _____ Website: _____

COURSE TITLE: _____

Preferred Day

1st Choice _____

2nd Choice _____

Time

9:30-12p _____

10-12:30p _____

1-3:30p _____

4-6p _____

6-8:30p _____

7-9:30p _____

DESCRIPTION: Please type below or on a separate sheet of paper:

Class descriptions must be submitted with each request. Updated Supply list (check one) yes: _____ no: _____

Every attempt will be made to honor your first preference; however, we can not guarantee any specific time slot to any instructor. Do please indicate what your second choice would be.

New Instructors Only: please submit a Word Document bio and a jpeg image with a few samples of your Artwork on a CD or via email. Thank you.

THANKS FOR YOUR CONSIDERATION

Julie Skoda and Kelley Clark