



16 Norcross Place P.O. Box 1603 North Conway, NH 03860 603-356-2787 info@mwvarts.org

MWVAA Class Proposal

Date:

Name:

Mailing Address:

Phone:

Cell Phone:

Email:

Website:

Title of class:

Brief description of class:

Age of student:

Maximum number of students:

Ability level best suited for - check all that apply:

Beginner with no knowledge Intermediate Professional
 Beginner with some knowledge Advanced Other – please specify

Time of Year – (Check one per proposal):

Winter – Jan through March Spring – April through June
 Summer – July through August Fall – September through November

Length of Class – (Check one per proposal):

Weekly – 6 weeks Weekend – 2 day
 Weekly – 8 weeks Midweek – 3 day
 Weekend – half day Midweek – 5 day
 Weekend – full day Other (explain):

Materials cost per student:

Storage needs: Yes / No

Brief description of item(s) to be stored:

If yes:

from (date):

until (date):



16 Norcross Place P.O. Box 1603 North Conway, NH 03860 603-356-2787 info@mwvarts.org

MWVAA Class Proposal

(page 2)

Date:

Name:

Please include the following:

Objectives of the class (What should the students learn during the class?)

Teaching Experience – feel free to attach/send a resume