

Date:

MWVAA Class Proposal

Name:

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 – October 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

Materials cost per student:

Storage needs:

Date:

In depth class outline

Please include the following:

Objectives of the class - What should the students learn during the class?

Introduction

Time allotments for activities

Wrap Ups

Experience Teaching – feel free to attach/send a resume.