

CLASS OR WORKSHOP PROPOSAL FORM

DIVA Center 110 W. Broadway

Phone: 541-344-3482 or E-Mail: programs@divanow.org

01. Proposed (check): _____ Class, or _____ Workshop

02. Title of Class or Workshop:

03. Name of Instructor:

- Phone (___list/___don't list):
- E-Mail (___list/___don't list):
- Mail Box Address (___list/___don't list):

04. Preferred Day of Week (circle): M U W H F ST SN

- Start Time: _____ End Time: _____
- Number of Weeks (Classes): ___ 4 wks ___ 8 wks
- Number of Days (Workshops): ___ 1 day ___ 2 day

05. Prerequisite knowledge and/or skills:

06. Two sentence description of class or workshop:

07. One paragraph description of class or workshop:

08. Information about instructor tag line:

09. Required Materials List:

10. Optional Materials List:

11. Materials Fee \$_____

12. Describe your qualifications for teaching this class or workshop (Use back if needed).