



Artists Workshops at Gadsden Arts Center & Museum

WORKSHOP/CLASS PROPOSAL

Name _____

Address _____

City, State, Zip _____

check Phone _____

preferred Email _____

contact _____

Proposed Dates _____

Proposed Times

1-day 2-day 3-day 4-day 4-week 6-week

10am-5pm _____ (list # hours or time of day)

Workshop Title _____

Medium _____

Skill Level _____

Description _____

Artist Fees _____

Are your artist fees flexible, based on enrollment? Yes No

Will you provide any supplies for the students (source photo, paper, etc.)?

Yes No *If yes, please include details in supply list.*

Would you be interested in providing a supply kit at an additional cost to attendees?

Yes No *Approximate Cost: \$ _____*

Please attach the following to your proposal:

- resume
- brief workshop outline
- photos of your work
- brief supply list, including if easels will be required/recommended

Office Use

A.S. _____

Minimum enrollment _____

S.C. _____

T.S. _____

Maximum enrollment 16

W9 _____

C/S _____



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