



Workshop Proposal

If you are interested in instructing a workshop Saturday July 14, 2012, please fill out this form and return by 4/15.

Workshop Title: _____

Instructor: _____

Business Name: _____

Address: _____

_____ Phone: _____

Description of workshop (Include photos by email)

Tools needed:

Scale(s): _____ Workshop size: maximum _____ minimum: _____

Experience level: ___ beginner ___ intermediate ___ advanced ___ all

Time frame for workshop:

Half day ___ 9-12 a.m. or ___ 1-4 p.m. or ___ Full Day (9 a.m.-4 p.m.)

Will workshop project be completed during class time? ___ Yes ___ No

Workshop Fee: _____

Contact information and address to return forms:

Betty Laevey, 6830 Hunt Drive, Macungie, PA 18062

Email: betz982@verizon.net, 610-965-7956