



# Instructor Proposal

Please email completed form to [arts-culture@alpharetta.ga.us](mailto:arts-culture@alpharetta.ga.us) or mail/hand deliver to 238 Canton St, Alpharetta, GA 30009 (678)297-6135

## Cultural Services Class Seasons (Check one)

Fall & Winter

Spring

Summer

Instructor's Name: \_\_\_\_\_

Instructor's Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Are you representing a company? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of Company: \_\_\_\_\_

### About the Class Being Proposed

Proposed Class Title: \_\_\_\_\_

Please provide a brief class description that can be used in our seasonal guide: use additional sheet if needed

What age group(s) is your proposal for? \_\_\_\_\_ Youth (4-12) \_\_\_\_\_ Teen (13-16) \_\_\_\_\_ Adult (16+)

If age is specific to your proposal (example - youth 6-8 years only) please specify age group you want to target:

Class size minimum: \_\_\_\_\_ Class size maximum: \_\_\_\_\_

First choice of start date for class to begin: \_\_\_\_\_ First choice of start/end **time**: \_\_\_\_\_

Second choice of start date for class to begin: \_\_\_\_\_ Second choice of start/end **time**: \_\_\_\_\_

\*\*Listing a second date on your proposal helps us build the calendar. You will be contacted if your second choice is selected.

Single Day Workshop: \_\_\_\_\_ Short session (2-4 classes): \_\_\_\_\_ Multi Session: \_\_\_\_\_

Number of classes total: \_\_\_\_\_ Time Length of class: Hours \_\_\_\_\_ Min \_\_\_\_\_

