



Instructor Course Description

INSTRUCTOR NAME: _____

ADDRESS: _____ TOWN: _____ ZIP: _____

TELEPHONE:(____) _____ EMAIL: _____

WEBSITE: _____

NAME OF CLASS: _____

MEDIUM: _____

SESSIONS:

- WINTER (Jan/Feb) SPRING 1 (Mar/April) SPRING 2 (May/June)
 SUMMER 1 (July/Aug) FALL 1 (Sept/Oct) FALL 2 (Nov/Dec)

TYPE: Class (8 weeks) Class (4 weeks) Class (Other) Workshop (indicate # of days) _____
 Other _____

DAY & START DATE: (Select your available days and indicate your preferred times in the space provided below)

- Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Start Date: _____

TIMES: (Please list all available times) _____

Minimum # of students: _____ Maximum # of students: _____

PRICE OF CLASS: _____

70/30 Split, MAC retains Non-Member Fee

New (describe below or provide a word document) **Repeat** (class has run previously and description is the same)

PLEASE PROVIDE THE FOLLOWING:

- A short biography (word document or describe below)
- At least one photo to use to promote your class (jpeg format)
- **MANDATORY** - Short description of class (word document or describe below)
 - Your class will not be posted without the description

(Class description)