

Williamsburg Contemporary Art Center

Instructor Application Form

Instructor Details			
First Name:			
Last Name:			
Address, City, Zip:			
Email:			
Phone:			
Web Url:			
Proposed Course Details			
Course Title:			
Preferred Day(s):	Monday	Tuesday	Wednesday Thursday Friday Saturday Sunday
Preferred Times:	Start Time:	End time:	# Hours:
Preferred Dates	Start Date:	End Date:	All Dates:
Workshop Y / N	Number of Days:	Class Y / N	Number of Weeks:
Supplies:	___ List Provided ___ Materials Provided by Instructor Materials Fee \$		
Class/Workshop Description:			
Please describe your teaching experience & any classes/workshops you have taught:			
References – 2-3: Please provide names & contact information for former students and/or organizations/employers.			
Instruction Level:	None Beginner Intermediate Advanced All Levels		
Students:	Minimum # of Students _____ Maximum # of Students _____		
Additional Notes:			
For Office Use:			
Total Hours: _____	Class Fees: Members \$ _____ Non-Members \$ _____		
Notes:			