



## Teaching Proposal

Instructor Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Cell# \_\_\_\_\_

## Proposed Instruction

Title: \_\_\_\_\_

Medium(s): \_\_\_\_\_

Brief Description – 200 words (attach sheet if you wish)

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Preferred Date/Time

- Indicate dates you wish to teach:

- Fall (September – November)
- Winter (January – March)
- Spring (April – May)
- Summer (July – August)

- Preferred time (Please note all workshops run 9am-4pm daily):

- Mornings (9am-12pm)
- Afternoons (1pm – 4pm)
- Evenings (5-8pm)

- Preferred workshop or class length:

- 1-Day Workshop
- 2-Day Workshop
- 4 Week Class
- 6 Week Class
- 8 Week Class

**Submit to:** NorthRiverArts@gmail.com

North River Arts Society, PO Box 307

Marshfield Hills 02051

781.837.8091