



## Request for Class Proposal

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

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

City, State, Zip: \_\_\_\_\_

Phones (best way to reach you ) \_\_\_\_\_

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

Website (if applicable) \_\_\_\_\_

Workshop: 1-day 2-day Pop-Up (circle one) or Other \_\_\_\_\_

2D Class: 6 wks 8 wks (circle one) or Other \_\_\_\_\_

3D Class: 6 wks 8 wks (circle one) or Other \_\_\_\_\_

Preferred Day: **Monday** (before 3 pm) **Tuesday** **Wednesday** **Thursday** **Friday** **Saturday** **Sunday**

Preferred Hours: \_\_\_\_\_

Age Group: **Youth** (Ages 7-11) **Teen** (ages 12-17) **Adult** **Parent/Child** **Specific age (s)** \_\_\_\_\_

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

Class Minimum \_\_\_\_\_ Class Maximum \_\_\_\_\_ \*Hourly Rate \$ \_\_\_\_\_

*\*Tuition for the class will be determined by multiplying the hourly rate by length of time for class by the minimum number of students. The instructor will receive 70% of class registrations at the member level. **FOR EXAMPLE:** If hourly fee is \$25 x 2 hours (length of each class)= \$50 x 3 (minimum number of students) = \$150 (what student will pay to take the class) 6 students take class x \$150 = \$900 We would pay the instructor 70% of \$900 which would be \$630.*

Materials: **Included** **Supplied by Instructor** Fee \$ \_\_\_\_\_ **Supplied by Student** (Please attach materials list )

Instructor supplies/Equipment needs: \_\_\_\_\_

Other requests or needs \_\_\_\_\_

Class Description \_\_\_\_\_

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Please return this form, any supply lists and planned curriculum (if applicable) for each class to:

Cynthia Young, Executive Director  
SullivanMunce Cultural Center  
225 West Hawthorne Street  
Zionsville, IN 46077