



AAG WORKSHOP PROPOSAL

Please fill out all fields of the form.

Submitted by: _____ Date: _____

Contact info: _____ (phone)

_____ (Email address)

Name of Workshop: _____

Length of Workshop: _____ Cost per person: _____

Does cost include materials? (circle one) Y N

Proposed Dates: _____

Please note that AAG strongly discourages workshops conducted during weekend gallery hours.

Please supply a brief summary of Workshop Goals, including what you'd like students to learn or accomplish: _____

Does the workshop require a certain level of experience? (circle one) Y N

If yes, please explain: _____

What, if anything, do you require the AAG to provide? _____

What are your qualifications to teach this workshop? _____

Are you a member of the Augusta Art Guild? (circle one) Y N

Please note that there may be a fee to utilize the gallery space for workshop pending Board approval.

Return this form with any supplementary materials to:

Augusta Art Guild
116 Main Street
Augusta, KY 41002