

NEW CLASS INFO FORM

BARTLESVILLE ART ASSOCIATION

(918) 332-8463 | INFO@BARTLESVILLEARTASSOCIATION.ORG



TEACHER NAME

EMAIL ADDRESS

ADDRESS FOR MAILING PAYMENT

PHONE NUMBER

ART WEBSITE OR SOCIAL MEDIA PAGE

BIO OF TEACHER - I TO 3 SENTENCES

TITLE OF PROPOSED CLASS, WORKSHOP OR EVENT (PLEASE KEEP SHORT AS POSSIBLE)

CONCISE, COMPELLING DESCRIPTION OF YOUR CLASS. (YOU MAY EMAIL SEPARATELY)

WHAT WILL YOUR STUDENTS LEARN OR ACCOMPLISH? WHAT WILL THEY LOVE ABOUT THIS CLASS?

PROPOSED DATES OF CLASSES, DAYS AND TIMES

YOUR PAYMENT PER CLASS OR STUDENT

SUPPLIES NEEDED (YOU MAY EMAIL A LIST)

ANY EXTRA FEE
FOR STUDENTS?

MINIMUM #
OF STUDENTS

MAXIMUM #
OF STUDENTS

SKILL LEVEL:

___ BEGINNER ___ INTERMEDIATE ___ ADVANCED ___ ALL LEVELS

AGES: ___ ADULT ___ HIGH SCHOOL + ADULT ___ CHILDREN

FOR CHILDREN SPECIFY AGES OR GRADES: _____

DEADLINE FOR MINIMUM NUMBER OF
STUDENTS IN ORDER FOR CLASS TO PROCEED:

WILL YOU MANAGE SIGNUPS BY STUDENTS? OR YOU
PREFER BAA TO MANAGE SIGNUPS AND PAYMENTS?