

Proposal for use of the MarinMOCA classroom

Please complete and email to: admin@marinmoca.org

Name: _____

Address: _____

Phone #s: Home _____ Cell _____

Email: _____

Artist Member of MarinMOCA: ___yes ___no

Title of the class/workshop: _____

Timing: workshop - number of days; classes - number of weeks:

Requested scheduling [i.e.; Sat. 6/5 and Sun 6/6 from 10a to 4p]:

Maximum number of students you will accept: _____

Number of attendees expected: _____

What do you think is a reasonable fee for this workshop [if you have a materials fee, please break out as separate item]?

Please use the space below to describe the class/workshop:

Qualifications of the instructor (please include your website, if applicable):