

Proposal to Teach Art Workshop

Name:	Email:
Address:	
Phone:	Workshop Topic:
What will students learn/walk away with?	
Age Group: □ 16+ □ Youth under 16	Other
Minimum # of Students:	Maximum # of Students:
Preferred Dates: □ Tuesday Evenings	☐ Friday mornings ☐ Friday Evenings
Hours Needed: □ 1 hour □ 1 ½ hour □ 2 hours □ Other	
Have you taught this class before? If so experience?	
What is your fee for teaching the class? \$	per person
Note: The Holmes Art Cellar recei	(assuming supplies are included in class fee) ives \$12 per person to cover operating costs. oringing the materials, make sure the course
Additional Comments or Thoughts:	

Submit completed form to Emma:

E-mail: emma@DLCCC.org

Mail: Holmes Art Cellar, 806 Summit Ave., Detroit Lakes, MN 56501

Questions? Call 218-844-4221 ex 117