



ARTS CENTER
OF COASTAL CAROLINA

Community Education Workshop Proposal Form

Please complete ALL FIELDS. Attach additional information as needed.
Incomplete or illegible submissions will not be considered.

CONTACT INFORMATION

Last Name

First Name

Mailing Address

City

State

Zip

E-mail Address

Telephone

WORKSHOP INFORMATION

1. Title of Proposed Course: _____

2. Brief Description of the Course (including medium used)

3. Preferred Length of Course (# of days) _____

4. Preferred Length of class (# of hours per class) _____

5. Preferred Day and Time of Course: Please list the (week)day and the time you prefer to teach, giving alternate day and time.

First Choice Day(s) _____

Date(s) _____

Second Choice Day(s) _____

Date(s) _____

Third Choice Day(s) _____

Date(s) _____

6. Preferred Age Group: Check all that apply

Ages 5-10 _____ Ages 11-15 _____ Ages 13 - Adult _____

7. Maximum Class Size _____ (Our Studio will accommodate 20 comfortably)

8. Materials or supplies you would need to teach this course: If tools supplies need to be provided by students, please attach a materials list.

9. Please attach 2 references as well as a biography which will be used for publication in education materials: Maximum of 60 words. Resume optional.

Please return completed form to:
Alana Adams, Director of Education
Arts Center of Coastal Carolina
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Hilton Head Island, SC 29928
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(843) 686.3945 x222