

# Fitton Center for Creative Arts Class Proposal Form

Please complete this form in full and attach your resume and artwork examples (if applicable).

Send to:  
Jennifer Acus-Smith, Education Coordinator  
Fitton Center for Creative Arts  
101 S. Monument Avenue  
Hamilton, OH 45013  
or  
Email at [jennifer@fittoncenter.org](mailto:jennifer@fittoncenter.org)

**TEACHER INFORMATION:**

Name		SS# (optional)
<input type="text"/>		<input type="text"/>
Address		
<input type="text"/>		
City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>
Daytime Phone		Evening Phone
<input type="text"/>		<input type="text"/>

Best time(s) to reach you: \_\_\_\_\_ E-mail  
Address: \_\_\_\_\_

**PROPOSED CLASS TITLE:** \_\_\_\_\_

**CLASS DESCRIPTION (to be printed in class brochure):**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE BRIEFLY DESCRIBE THE SKILLS/TECHNIQUES THAT STUDENTS WILL LEARN:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE LIST ALL MATERIALS NEEDED FOR PROPOSED CLASS/WORKSHOP:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please check the correct supply scenario for your class.*

- I have attached a supply list of materials for students to bring. (Estimated Cost: \$\_\_\_\_\_)
- I will have the supplies available for purchase at the first class. (Price \$\_\_\_\_\_)

**AGES:** *Please check one age group and specify age range when needed.*

	Kids ____ to ____	Teens ____ to ____	Teens ____ to Adult	Adults Only
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**CLASS SIZE:** \_\_\_\_\_ MINIMUM      \_\_\_\_\_ MAXIMUM #

**PLEASE CIRCLE ONE:** Six-week class      One-day workshop      Multi-day workshop

**PREFERRED DAY of WEEK & TIME:**

1<sup>st</sup> choice: Day \_\_\_\_\_ Time \_\_\_\_\_

2<sup>nd</sup> choice: Day \_\_\_\_\_ Time \_\_\_\_\_

**Thank you for your interest in the Fitton Center.  
Upon receipt of this information, we will contact you if your class proposal has been accepted.**