

# City of North Charleston

## Cultural Arts Department Class Proposal

City of North Charleston Cultural Arts Department  
P.O. Box 190016, North Charleston, SC 29419-9016  
Phone: (843)740-5854  
E-mail: [culturalarts@northcharleston.org](mailto:culturalarts@northcharleston.org)

For Office Use Only
Correspondence Dates
Received: _____ or HD
Selection: Yes ___ No ___
Notification Ltr: _____
Contract: Out ___ In ___
Details Ltr: _____ or N/A
Thanks Ltr: _____

Instructor: \_\_\_\_\_ Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

Class Category: Visual Arts \_\_\_\_\_ Media \_\_\_\_\_ Music \_\_\_\_\_ Theater \_\_\_\_\_ Dance \_\_\_\_\_ Literary \_\_\_\_\_

Class Title: \_\_\_\_\_

Class Description: \_\_\_\_\_

For Age Group(s): Children \_\_\_\_\_ Teen \_\_\_\_\_ Adult \_\_\_\_\_ Expertise level: \_\_\_\_\_

What specific skills will the student learn in this class? \_\_\_\_\_

Class date(s) requested \_\_\_\_\_ Total # of classes: \_\_\_\_\_

Set up Time begins: \_\_\_\_\_ Class Time: \_\_\_\_\_ to \_\_\_\_\_ Breakdown Time ends: \_\_\_\_\_

Required Instructor's Fee for teaching the class: \_\_\_\_\_  
(Cultural Arts Department will retain 15% of fees).

To meet required Instructor's Fee, Minimum # of students: \_\_\_\_\_ Maximum # of students: \_\_\_\_\_

Do you have a list of potential students and if so, how many? \_\_\_\_\_ Describe how you will promote your class:  
\_\_\_\_\_

List equipment needed for class: Tables \_\_\_\_\_ Chairs \_\_\_\_\_ Easels \_\_\_\_\_ Other \_\_\_\_\_

Will students need supplies for this class? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, indicate options:

\_\_\_\_\_ Supplies will be provided by instructor and are included in class fee.

\_\_\_\_\_ Supplies are available to purchase from instructor for additional fee of: \$ \_\_\_\_\_

\_\_\_\_\_ Student brings own supplies from the following list: \_\_\_\_\_

**Submit this Class Proposal and Resume** (a resume form is available at [www.northcharleston.org](http://www.northcharleston.org)) to:

Mail: City of North Charleston  
Cultural Arts Department  
PO Box 190016  
North Charleston, SC 29419-9016

In Person: North Charleston City Hall  
Cultural Arts Department, 2<sup>nd</sup> Floor  
2500 City Hall Lane  
North Charleston, SC 29406

Fax: 843-529-2291  
Email: scanned copy sent to  
[culturalarts@northcharleston.org](mailto:culturalarts@northcharleston.org)

Class Proposals will be reviewed, selections made, and details finalized within two weeks of each quarter to maximize publicity in the Quarterly Program Guide:

May 10<sup>th</sup> for July/August/September  
August 10<sup>th</sup> for October/November/December

November 10<sup>th</sup> for January/February/March  
February 10<sup>th</sup> for April/May/June

*I understand that the City of North Charleston Cultural Arts Department has the right to accept, defer, or reject any proposal based on availability of space, equipment, and class feasibility.*

Instructor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_