



For Office Use Only Correspondence Dates Received: _____ Selection: Yes ___ No ___ Contract: Out ___ In ___

Class Proposal

Instructor: _____ Phone : _____ Email: _____

Address: _____

Website: _____ Social Media: _____

Class Category: ___ Visual Arts ___ Media ___ Music ___ Theater ___ Dance ___ Literary ___ Other

Class Title/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 30% of fees. A roster of participants for all classes taught by instructor will be maintained by the City utilizing Eventbrite and will be provided to instructor upon request. Payments to instructor will be made on a monthly basis.)

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) to:

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

In Person: Park Circle Community Bldg.
4800 Park Circle
North Charleston, SC 29405

Email: scanned copy sent to
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 10th for July/August/September
August 10th for October/November/December

November 10th for January/February/March
February 10th 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: _____