

TEACHER APPLICATION TO LEAD A CLASS AT THE MINIATURE SHOP

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CLASS SIZE IS LIMITED & REGISTRATION WILL BE REQUIRED
Multiple classes will be scheduled if interest exceeds class size

Teacher Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Teacher Availability:

Month _____

Day of Week _____ Date - 1st choice _____ 2nd choice _____

Class START time _____

Class END time _____

I will teach a minimum of _____ students (The Miniature Shop maximum is 8 students)

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Title of class/project _____

Please attach a picture of the project.

Scale of project: 1" _____ 1/2" _____ 1/4" _____ 1/144" _____ Other _____

Approximately how many hours or days will it take to complete _____

Short description of techniques to be taught _____

Recommended for _____ skill level (beginning, intermediate, advanced, insane)

Previous experience doing _____ is helpful or necessary

Teacher cost per person \$ _____

Student needs to BRING: (list tools, lunch...) _____

Do you need product or supplies from The Miniature Shop for your students? YES _____ NO _____

Please list what you need on the back of this application and allow two weeks for me to acquire stock.