

“Local Spotlight” Workshop Application

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| --- | --- |
| Name: |  |
| Address: |  |
| Phone: |  |
| Email: |  |
|  |  |
| Name of Project: |  |
|  |  |
| Techniques to be taught/Class description: |
|  |
| Level\*: |  |
| Kits (Y/N): |  |
| Supply List: |  |
| Max #: |  |
| Length (hr): |  |
|  |  |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do affirm that the project I will teach is my original design. |