

“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. | | |