



MOREAN ARTS CENTER
ST. PETERSBURG FLORIDA

New Course or Workshop Proposal

Instructor Name _____

Phone (cell) _____ (home) _____

Email _____

Course Title _____

Course Description

**** Please keep this as short and concise as possible.**

Dates and Times

Maximum/Minimum # of students _____ / _____

Minimum Age of persons allowed in the class _____

Classroom Equipment and Needs

Materials fee _____

Materials list (Please attach a copy)