



MOREAN ARTS CENTER
ST. PETERSBURG FLORIDA

New Course or Workshop Proposal

Instructor Name: _____

Phone (cell): _____ **(home):** _____

Email: _____

Course Title: _____

Course Description:

Teacher Bio:

**** Please keep your class description and teacher bio as short and concise as possible.**

Day of the week: _____

Time: _____

Session:

Summer 1 Summer 2 Fall 1 Fall 2 Winter 1 Winter 2 Spring

Skill Level:

All Levels Beginner Intermediate Advanced



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Maximum/Minimum # of students: _____

Minimum Age of persons allowed in the class: _____

Classroom Equipment and Needs:

Materials fee (if any): _____

Materials list (Please attach a copy)

Attach 1-3 photos to use in description that represent the class.

Submit completed form for consideration to:

Education@MoreanArtsCenter.org
719 Central Ave, Saint Petersburg Florida

