

GVR GLASS ARTISTS CLUB WORKSHOP PROPOSAL FORM

Workshop Title:

Instructor(s):

Assistant:

How Many Days:

How Many Students:

Day 1 Date:

Day 1 Time:

Day 2 Date: (if applicable)

Day 2 Time: (if applicable)

Instructional Level: **Beginner**

Intermediate

Advanced

Setup Time:

Workshop Description

Please supply a photo of the proposed project for inclusion in the signup

Size of Project:

Number of Firings:

Mold #

If GAC is ordering glass/supplies, please list them below, to be ordered by the treasurer

PLEASE ORDER GLASS/SUPPLIES 30 DAYS PRIOR TO WORKSHOP

Item	SWAG Catalog # or Storage	Quantity

To be completed by Education Committee Chairs

Cost of Glass/Supplies per student

Firing Fee

Total Workshop Cost to post