FEDERATION OF CANADIAN ARTISTS
1241 Cartwright Street, Vancouver, BC V6H 4B7, Canada
Email: education@artists.ca T.: 604-681-2744 F.: 604-681-2740 www.artists.ca

Name: _____

Tel: _____

Email: _____

Website: _____

TITLE OF PROPOSED WORKSHOP: _____

Workshop Type: ☐ Monday Evening in the Gallery ☐ Weekend Workshop

Proposed Date(s): _____

Proposed Times: From:_____ To:_____

Desired Location: ☐ Federation Gallery (fits approx. 14 students)

☐ Other (please specify): _____

Desired Max. Number of Students: _____

WORKSHOP OUTLINE

Please state the nature of your workshop and a brief lesson plan. This information is used to determine the demand for your proposed workshop:

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WORKSHOP OBJECTIVES

Please state briefly the intended outcomes and benefits of your proposed workshop:

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SPECIAL REQUESTS

Would you require any special equipment or requests for your class? (For example: projector and screen, a stage for a model, room for still life set-up, access to multiple power outlets, early/late studio access for setup). If so please detail:

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_____

Please accompany this proposal with:

☐ **Artist/Instructor Resume and Biography**

☐ **5 JPEG image** relevant to your class that can be used for promotion. At least one should be of yourself, by way of headshot or of you at work. Proposals without accompanying images will be determined as incomplete. Incomplete proposals will not be considered.

☐ **A preliminary workshop supply list** outlining all materials, mediums and tools that your students will need to bring and/or purchase for the class. Please also outline if the students need to bring their own easel, or if they will be working table-top, or if they can choose either.