



Spokane Handweavers' Guild

WORKSHOP PROPOSAL

Proposals are due no less than four months prior to your proposed workshop date(s).

Your name:	Date submitted:
Mailing address:	
City, State:	Zip code:
Home phone:	Cell phone:
Email:	Website:
SSN (required so we can pay you):	
Title of workshop you'd like to teach:	
Total workshop length, in hours:	
Minimum & Maximum number of participants you're willing to take:	
Preferred date(s) and beginning and ending times:	
Deadline to for participants to sign up before workshop (7 days unless noted differently)	
Workshop description (2 to 3 sentences to be used for marketing the workshop):	
<i>Please attach a detailed description of the workshop.</i>	
Participants' required skill level: <input type="checkbox"/> Beginner (no prior weaving experience) <input type="checkbox"/> Advanced beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	

Your name:	
Workshop delivery methods (check all that apply):	
<input type="checkbox"/> Lecture	<input type="checkbox"/> Demonstration
<input type="checkbox"/> Hands-on	<input type="checkbox"/> Round-robin
<input type="checkbox"/> Handouts	<input type="checkbox"/> Video
<input type="checkbox"/> Slides/PowerPoint	<input type="checkbox"/> Discussion

Skills or knowledge participants will gain in this workshop:
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List all supplies and equipment needed for this workshop. Indicate which things SHG will need to provide, which students must bring to class, and which you will supply.

Item	SHG to supply	Student to supply	Instructor to supply

Your Name:

Teaching experience - Please describe your background teaching this class and other textile arts classes. Also describe your experience as a weaver and with other textile-related arts.

References - Provide names and contact information for two of three people who are familiar with your teaching ability.

1. Name:

Associated business or organization:

Phone:

Email:

How is this person knowledgeable about your teaching?

2. Name:

Associated business or organization:

Phone:

Email:

How is this person knowledgeable about your teaching?

3. Name:

Associated business or organization:

Phone:

Email:

How is this person knowledgeable about your teaching?

Your Name:

Compensation Requested – Please list a dollar amounts for your teaching fee and teaching supplies for which you need payment. Other compensation, if required, may be described such as “round trip airfare Seattle-Spokane” or “two nights lodging”

Teaching fee:

Teaching supplies:

Transportation expenses:

Lodging:

Food:

Other:

If you require lodging in conjunction with this workshop, what are your requirements?

- Hotel
- Will stay in a private home with these conditions (check all that apply):
 - Non-smoking home
 - Pet-free home
 - Private room
 - Private entrance
 - Private bath
 - Other. Please explain:_____

If SHS provides you food in conjunction with this workshop, do you have any dietary restrictions?

- Vegetarian
- Vegan
- Gluten-free
- Allergic to: _____
- Other. Please explain:_____

Be prepared to provide 1- 5 digital photos to be used in marketing your workshop. These might include a headshot of you, samples of your own work, details of the type of work involved, etc. Minimum resolution is 1200 pixels in the widest dimension.

Mail your completed proposal form to:
SHG Program & Workshop Committee
P.O. Box 4204, Spokane, WA 99220

Or hand-deliver it to any committee member. Please keep a copy for your records