

ARTIST'S WORKSHOP PROPOSAL

All workshops will take place in the Arts Room at the 1912 Center in **Spring 2015** (January through April), per room availability.

RETURN TO:

Moscow Arts Department

c/o DJ Scallorn

PO Box 9203 Moscow, ID 83843

or deliver to Moscow City Hall, 206 E. Third - 1st Floor

Due by: 5:00 p.m. on September 10, 2014

Name: _____

Mailing Address: _____

City _____

State _____ Zip _____

E-mail: _____

Day Phone: _____

Evening Phone: _____

Workshop Title:

Workshop Description (Summary for Application 2 – 3 Sentences):

Ages Appropriate for the Workshop:

- All Ages
- Specific Age Groups (please specify ages):

Preferred Date and Time for Workshop

(Example: Day of the Week, Month, Day(s), Time – Time)

Minimum Participants _____

Maximum Participants _____

Workshop Fee (please specify cost for participants) :

Supplies

- Workshop supplies will be provided for participants
- Workshop supplies will be purchased by participants (List supplies below, use back of form if needed)

Please submit up to three images of artwork for this Workshop. Images will be used to promote the Workshop and should be examples of the type of artwork students of this Workshop will create.

Email images to: dscallorn@ci.moscow.id.us.