



**PROGRAM
& CLASS
PROPOSAL**

520 E. Grand Ave. | Beloit, WI 53511 | 608-313-9083

Thank you for your interest in teaching a class at the Beloit Art Center. Please send class details and proposed schedule to the address above or info@beloitartcenter.com. We ask all instructors to be a member of the Beloit Art Center. Membership begins at \$25.00. The Program Committee will review your proposal and be in contact with you.

Instructor Name: _____

Address: _____

Phone: _____ E-mail: _____

Website: _____

Are you a member of the Beloit Art Center? _____

Name of class: _____

Description of class:

What are your qualifications for this class?

Please identify any co-instructors or associates that will be working on the premises with you during the class:



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Terms of Agreement

Registration Information: The Beloit Art Center has a standard class registration form. Student payment must accompany a completed form to hold a spot in the class. Students can make checks to the Beloit Art Center. Registrations should be submitted to the Beloit Art Center five days prior to the start of the class.

Instructor Information: Class fees will be split 70% to the instructor and 30% to the Beloit Art Center. Payment to the instructor will be made when all scheduled classes have concluded.

Supply fees are not subject to the 70/30 split.

Class Date(s): _____

Class Times: _____

Special equipment or room set up needed: _____

Instructional Fee (70% instructor, 30% BAC): _____

Supply Fee (no fee applied): _____

Total Class Fee to student: _____

I have read and agree to the terms of agreement to hold a class at the Beloit Art Center.

Instructor Signature

Date

Beloit Art Center Program Coordinator

Date