



WORKSHOP PROPOSAL

APPLICANT INFORMATION		
Name:		
Home Phone:	Cell Phone:	Email:
Address:		
City:	State:	ZIP Code:
WORKSHOP INFORMATION		
Name of Workshop:	Preferred Length of Workshop:	
Preferred Days/Times for Workshop:		
Preferred Cost of Workshop (NOT including supplies):		
Maximum # of Students:		
Minimum # of Students:		
Prerequisites for Workshop:		
Materials & Tools Supplied at Workshop:		
Materials & Tools Needed for Workshop:		
Who will supply? <input type="checkbox"/> Student <input type="checkbox"/> Facilitator If Facilitator will supply, what is the cost per student?		
Equipment Needed for Workshop:		
Please tell us about your workshop. What would the learning objectives be? What would participants create? Please attach a photo of a finished project(s).		
If this is your first time teaching at Purple Crayon, please attach a photo of yourself and let us know: 1) What teaching and other relevant experience have you had? 2) What's one of your favorite creative memories? 3) What creative activity makes your heart sing? The answers to these questions will be posted on Purple Crayon's Facilitators webpage.		
How did you hear about Purple Crayon?		
EMERGENCY CONTACT		
Name:		
Relationship:	Home Phone:	Cell Phone:
Address:		
City:	State:	ZIP Code:
SIGNATURE		
By signing below, you acknowledge that the information you provided in the Workshop Proposal is correct to the best of your knowledge.		
Signature of applicant:		Date: