Bluegrass Area Fall Craft Festival Class Information Sheet October 14-15, 2016



County: ____

Please complete the following form in <u>detail</u>. It is requested that you submit a sample of the actual item you will teach. Craft Selection Day: March 31, 2016, 1:00pm, Madison County Extension Office

Address:	City:	Zip:
Day phone:	Email address:	
Name of craft:		
Hours needed: Nu	mber of people per class:	_ Cost per person: \$
Number of classes you will teach	(Fri. am; Fri. afternoon; Fri. pm, Sat. a	am):
Skill Level: Beginner Intermediate Advanced All Levels Students must bring the following	Instructors: We encourage you to offer your class proposals on both days. This will allow more people to have opportunity to take your class.	Please submit Craft Sample and this form to your County Agent PRIOR to March 31, 2016
	ng items:	
What setup will you need to teach	h your class <i>(tables, electricity, water, e</i>	etc.):
•	otion of articles that will be made as it what the finished product looks like):	will appear on information sheet



Name of teacher: _

