



# Shasta County Arts Council

## Class Proposal

DATE \_\_\_\_\_

Instructor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Subject:     Performing \_\_\_\_\_ Visual \_\_\_\_\_ Traditional (Folk) \_\_\_\_\_ Literary \_\_\_\_\_

Please write a brief description of your area of expertise:

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Please write a brief description of the class you would teach and how you plan to teach it:

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**OFFICIAL USE ONLY:**

DATE \_\_\_\_\_ APPROVED \_\_\_\_\_ NOT APPROVED \_\_\_\_\_

1313 Market Street • Redding, CA 96001-0611

(530) 241-7320 • [www.shastaartscouncil.org](http://www.shastaartscouncil.org) • [shastart@shastaartscouncil.org](mailto:shastart@shastaartscouncil.org)

