



Shasta County Arts Council

Class Proposal

DATE _____

Instructor: _____

Address: _____

Phone: _____

Email: _____

Performing _____ Visual _____ Traditional (Folk) _____ Literary _____

Please write a brief description of your area of expertise:

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

OFFICIAL USE ONLY:

DATE _____ APPROVED _____ NOT APPROVED _____

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