

Instructor contract 2024



CLASS NAME _____

Preferred date and time Saturday, August 3 9:30-11:30 am noon-3:00 pm other
Sunday, August 4 noon-3:00 pm

Cost (What we charge each student) \$ _____ *Instructor receives 80% of this fee*

Size limit _____ people **Age range** _____

Kit fee? \$ _____ (full price goes directly to instructor)

Teacher name _____

Address _____

Email _____

Signature: _____ ←

DESCRIPTION for web page

Supply list that students should bring

Classroom requirements and set up
include a sketch if you wish

****Attach photo**** email to krlbaird@gmail.com Kim Baird 3414 Rivershore Dr Moorhead, MN 56560