

Instructor contract 2025



CLASS _____

Teacher _____

Address _____

Email _____ Phone _____

Size limit _____ people **Kit fee?** \$ _____
They will pay you for any kit in class

CLASS DESCRIPTION

Attach project photo email to krlbaird@gmail.com 701-306-1691

SUPPLY LIST

CLASS PRICE \$ _____ *Your pay is 80% of this fee*

TIME you may indicate a preferred time, or leave blank for us to choose

Saturday, August 2 10:00 AM to noon 1:00 to 4:00 PM other

Sunday, August 3 noon-3:00 pm

Classroom requirements and set up (include a sketch if you wish)

_____ sign here