

NSBG Instructor Form

Please return form to: Kathy Falk at dkfalk842@gmail.com or to address below.

Instructor Name: _____

Proposal Month: _____

Basket Name: _____

Weaving Level: (Please circle one)

Beginner Advanced Beginner Intermediate Advanced

Meeting Time: NSBG hours are 10:00 a. m. to 2:00 p. m. (Area cleaned up and packed up by 2:00)

Meeting dates are the 2nd Saturday of each month October through April.

Description of basket including dimensions:

Picture Enclosed: (prefer) _____ Yes _____ No

Fee for Class and Materials: _____

Minimum/Maximum Number of Students: _____ (Please limit to 12 students unless you have 2 instructors.)

Please indicate whether or not you will have kits available for sale:

_____ Yes _____ No. If yes, how many? _____

What date would you like to see registration for your class close? _____

Please mail form to : Kathy Falk, 842 Larsmont Road, Two Harbors, MN 55616

E-mail: dkfalk842@gmail.com. Phone: 218-834-7021

Non-NSBG instructors please include:

Mailing

Address: _____

E-mail: _____ Phone: _____