NSBG Instructor Form

Please return form to: Kathy	Falk at <u>dkfalk842@gmail.com</u>	or to address below.
Instructor Name:		
Proposal Month:		
Basket Name:		
Weaving Level: (Please circle Beginner Advanced Beginner	e one)	
Meeting Time: NSBG hours are 9:00 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 September through May. Description of basket including dimensions:		
Picture Enclosed: (prefer) Fee for Class and Materials:_		
Minimum/Maximum Numbe have 2 instructors.)	er of Students:	(Please limit to 12 students unless you
Please indicate whether or n	oot you will have kits available	for sale:
YesNo. If	yes, how many?	
What date would you like to	see registration for your class	close?
Please mail form to: Kathy F E-mail: <u>dkfalk842@gmail.cor</u>	Falk, 842 Larsmont Road, Two m. Phone:218-834-7021	Harbors, MN 55616
Non-NSBG instructors please Mailing Address:		
F-mail·	Phone	