

Member Artist Course / Demonstration Submission Form

EMAIL to River Art Center Classes: Lisa Doherty (716) 260-1497 Gallery@riverartgalleryandgifts.com

Artist Name: _____ **Membership:** Resident or General

Contact Information: () _____ **Email:** _____

Course Title: _____

Medium: _____ Course Level: Beginner ____ Intermediate ____ Advanced ____

Single Class: _____ Series of Classes: _____ How Many Classes: _____

Morning Class: _____ Afternoon Class: _____ Evening Class: _____

Preferred Weekday: Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday ____
Saturday ____ Special Request: _____

1. What is this course about?
2. What are the primary goals for this class?
3. What art materials will be supplied?
4. What supplies do students need to bring to class?

FOR OFFICE USE

Class Space Rental Fees: _____ Deposit _____ Date _____

Class Price : _____ Number of Attendees _____

Scheduled Dates: _____

Promoted by Artist _____ Promoted by River Art Center _____

Social Media: Eblast _____ Website Listing _____ FaceBook _____ Instagram

Student Registration _____ Collect Fees _____