

CONTEMPORARY ARTS KITCHEN CLASS/WORKSHOP INSTRUCTOR AGREEMENT

Instructor Name: _____

Address: _____

Name of Class: _____

Dates and Times requested: _____

Telephone: (_____) _____

Email: _____ Website: _____

Class Charge ____ per class • Student Limit _____ • Price of class ____

Student Age Range _____ • Length of Class ____ for ____ weeks

3-5 line description of your class

Determine the needed materials, their costs and if you will provide materials

Write a bio that includes your credentials and mission statement.

How do you plan to promote your class?

Bills will be figured based on registered class students, due from instructor at the end of the first month. Make checks out to The Creativity Collective 811 Main. You are entering into an agreement with the Contemporary Arts Kitchen and its parent corporation, The Creativity Collective. The Contemporary Arts Kitchen is responsible for providing the venue receiving payment in the form of cash, check & money order. The Contemporary Arts Kitchen reserves the right to add client's email to our mailing list.

Neither attendee or instructor shall hold The Creativity Collective and The Contemporary Arts Kitchen liable for injury or dispute.

Signature