

CLASS PROPOSAL for MBWG 2018

DUE: September 30, 2017 (or contact Julie at jpleski@yahoo.com to make arrangements)

BY STUDENT REQUEST: Teachers must have for their students their name (and /or basket creator name) & picture of basket with pattern in a plastic sleeve.

Name _____

Address _____

Phone _____ E-Mail _____

1. Name of Basket: _____

2. Description of Basket for website listing.

3. Photograph enclosed _____ (This is required for website class listing-Digital photos are preferred - see mail information below.)

4. Pattern owner credit _____

5. Dimensions of the Basket: _____

6. Skill Level Suggested to successfully complete the basket:

Beginner _____ Advanced. Beginner _____ Intermediate _____ Advanced _____

7. Number of hours required to complete the basket _____

8. Number of students you are comfortable teaching: Maximum _____ Minimum _____

• **A class assistant can be made available upon request. Payment in the form of a kit of the basket being taught is suggested**

9. Months that you can teach:

Jan _____ Feb _____ March _____ April _____ May _____ Sept _____ Nov _____

10. Cost of class for individual enrollee, including all materials and travel expenses _____

11. Special tools needed: _____

Please snail mail proposal with photograph(s) to: Julie Pleski
1492 Pascal St. North
St. Paul, MN 55108

OR please e-mail proposal with photograph(s) to: jpleski@yahoo.com