



Appleton Museum of Art Workshop or Class Proposal

is proposal is for a Class Workshop

Contact Information

Name _____

Address _____

Phone Number: Home _____ Work/cell _____

E-mail _____

Website _____

Class /Workshop Information

Title _____

Class/workshop description _____

Educational goal/outcomes (describe the educational benefit students will gain from the class).

List of materials _____

Please select from the following:

Age Group: Youth Teen Adult Senior Adult (50+)

Class time: week day Saturday

_____ Number of Sessions

_____ Number of Participants (Maximum)

Submit proposal to: Korene Wilbanks, Museum Educator, Appleton Museum of Art, 4333 Silver Springs Blvd. Ocala, FL 34470-5001 (352-291-4460 fax) (wilbankk@cf.edu)