

Instructor Application for Workshop at the MAA Gallery

Mail to: Sharon Allen 10 Hubbard Hill Road Derry, NH 03038

Workshop Title: _____ **Medium(s)** _____

Level(s) _____ **Beg** _____ **Int** _____ **Adv** _____ **All Levels** _____

Price per Student: \$ _____ **Minimum # students:** _____ **Maximum # students:** _____

40% to MAAG = _____ **# days for workshop:** _____ **# tables** _____ **# chairs** _____

Workshops may be held on Wednesdays, Thursdays, Fridays, or Saturdays only. (If workshop is multiple days, enter preferred START date below) Only Saturday workshops may be held in the foyer, other days must be inside the gallery

Preferred Dates: _____ **1st Choice** _____ **2nd Choice** _____ **3rd Choice** _____

Hours/Time: **Start time** _____ (10:30 or later) **End time** _____ (3PM or earlier)

Note: Outside doors are remote locked and alarmed between 4PM and 10AM. No building access possible.

Description of Workshop: _____

Supplies provided by _____ **instructor** _____ **student** _____ (attach supply list if student provided)

Instructor responsible for sending supply list to students when s/he receives class list.

Instructor: _____ **Phone** _____ **Alt Phone** _____

Address _____ **e-mail** _____

Instructor agrees to the MAA Gallery commission of 40% per student and understands that s/he is personally responsible for ensuring that:

- 1) the gallery, restroom, and lobby areas are clean and free of workshop materials and waste,
- 2) the gallery and restrooms lights are turned off and doors are locked and/or gallery sitter has been informed that all is in order for departure
- 3) all students have left the building
- 4) A clean-up fee of 10% will be withheld from Instructor's payment if above

Payment and Cancellation policy:

- 1) Checks for Workshop fees are made payable to MAA Gallery.
- 2) Deposit of 50% due at registration; balance at start of class.
- 3) No refunds will be given later than 10 days prior to workshop start date.

Payment by check will be mailed to instructor within 20 days of completion of workshop.

Signature of Instructor _____ **Date** _____