



**TIDEWATER BASKETRY GUILD
TEACHER APPLICATION**

Name _____

Address _____

City _____ State _____ ZIP _____

Phone: Cell _____ Email: _____

Home _____

Applicant's Status: _____ Visiting teacher
(check one) _____ TBG member, volunteer teaching
_____ TBG member, teaching for payment

Check one: _____ My basket pattern _____ Permission to teach this basket

BASKET NAME: _____

CLASS FEE: _____

DESCRIPTION: _____

SPECIAL TOOLS/REQUIREMENTS: _____

FINISHED SIZE: _____

COMPLETION TIME: _____ hrs.

NUMBER OF STUDENTS: _____ maximum

_____ minimum

SKILL LEVEL: (check one)

_____ Beginner

_____ Beginner/Intermediate

_____ Intermediate

_____ Intermediate/Advanced