



## North Shore Basket Guild Class Proposal

Please email form to: [northshorebasketguild@gmail.com](mailto:northshorebasketguild@gmail.com)

Instructor's Name: \_\_\_\_\_

Proposal Month: \_\_\_\_\_

Basket Name: \_\_\_\_\_

**Weaving Level: (Please circle one.)**

**Beginner    Advanced Beginner    Intermediate    Advanced**

Meeting Time: NSBG hours are 10:00 a.m. to 2:00 p.m. Meeting dates for 2024-25 are as follows: 2024: 9/14, 10/5, 11/2, 12/7; 2025: 1/11, 2/8, 3/8, 4/5, 5/3.

**Description of Basket: (Include basket dimensions)**

---

---

---

Picture Enclosed: \_\_\_\_\_ Yes \_\_\_\_\_ No

Fee for Class and Materials: \_\_\_\_\_

NSBG will reimburse mileage at the IRS rate for actual round trip miles, or \$100, whichever is less. Do you want to be reimbursed for mileage? Yes \_\_\_\_\_ No \_\_\_\_\_

Minimum/Maximum Number of Students: \_\_\_\_\_

(Please limit to 12 students unless you have 2 instructors.)

Please indicate whether or not you will have kits available for sale:

\_\_\_\_\_ Yes \_\_\_\_\_ No    If yes, how many? \_\_\_\_\_

Registration Required? \_\_\_\_\_ Yes \_\_\_\_\_ No/Registration close date? \_\_\_\_\_

\*\*\*\*\*

**NON-NSBG MEMBER INSTRUCTORS ONLY PLEASE INCLUDE:**

Mailing address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_