Class Proposal Contract

Contact name	Phone Number
Note: Instructor must be a current member	for insurance purposes.
Class Name	
Class Description	
Will you use the workshop area or	meeting room or both?
Start Date End Date _	Number of sessions per week
Day(s) of the week	Hours of the class
Number of students Charg	ge for class per student (GMSS member)
Charge for classper stude	ent (non-GMSS member)
Total amount paid for class (numbe	er of students x class fee)
Percentage to be paid to GMSS	Amount to be paid to GMSS
Amount to be paid to Instructor	
Minimum number of students need	led to run the class
equipment clean-up process will be sink drain – the bathroom sink or st	knowledge that <u>NO</u> water utilized through the grinding or e disposed of by pouring it down the toilet or down either anding sink. All water used during work and clean-up <u>MUST</u> ling buckets. You are NOT responsible for processing the e of them.
Signed	Date
Office Use Only Date received	
Signed	