



2021 WORKSHOP INFORMATION SHEET

Teachers name: _____ **Medium:** _____

Credentials pertaining to art/ teaching: (i.e formal training, experience, exhibitions)

Brief outline of the workshop:

How many classes will this workshop include: _____

Supplies Needed:

Preferred Date & Time:

Option 1: _____

Option 2: _____

Option 3: _____

Room Needed:

- Pottery Studio
- Woodshop
- Kitchen / Meeting room

- Jailhouse Studio
- Outside Space
- Gallery
- Jewelry Studio

Number of students: (6 -15 recommended for most classes) _____



Age group:

- Kids (Police Check required)
- Adults

- All ages/ Family friendly
- Other _____

Special Requests/ Notes:

Please attach examples of your previous work, especially pertaining to this class' medium or explain below.

Contact us:

info@revelstokeartgallery.ca

250 814 0261