

## KIAC-Programmed Workshops

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KIAC Members who are practicing artists have the opportunity to teach art/craft-related classes at KIAC throughout the year.

If you are not yet a member, please visit our office to purchase a membership. Individual memberships are \$25 annually.

KIAC is responsible for all coordination, administration of the program, and paying instructors. Instructor wage is \$20-\$25, depending on experience.

### Workshop calendar 2017

- Winter 2017: Jan to April**  
Proposal deadline: Nov 21, 2016
  
- Summer: May to Aug**  
Proposal deadline: April 7
  
- Fall: Sept to Dec**  
Proposal deadline: Aug 4
  
- Winter 2018: Jan to April**  
Proposal deadline: Dec 8, 2017

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Please submit proposals to: KIAC Programs Manager

#### Email

[programs@kiac.ca](mailto:programs@kiac.ca)

Subject: *Workshop Proposal*

#### In person at KIAC

Monday to Friday, 9am – 5pm

902 Second Ave, Dawson, YT

867-993-5005

Application

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**\*Name:**

**\*Phone number:**

**\*Mailing Address:**

**\*Email:**

**Website/Social Media:**

**\*Bio:**

**\*Workshop Title:**

**\*Workshop Description** (attach separate page if necessary)

**\*Workshop Syllabus**

Workshop aims/goals:

Skills to be gained by participants (please be specific):

**\*Workshop Type/Media** (Painting, Printmaking, Sewing, Photography, Craft, etc.):

**\*Skill Level:**

- All levels
- Beginner
- Intermediate
- Advanced

**\*Format:**

- 1 day
- 2 days
- Weekly
- Other – please specify:

**\*Hours per session:**

- 2 hrs
- 3 hrs
- 4 hrs
- Other – please specify:

**\*Preferred dates/days:**

**\*Maximum class size:**

**\*Supply List** - (attach a separate sheet if necessary):

Supplies **you** will provide and their associated costs (you will be reimbursed by KIAC):

Supplies **KIAC** will need to provide:

**Other Requirements –**

Set-up Time:

Safety Precautions:

Electricity Needs:

Technology Needs:

**\*Please include with your proposal:**

**Visual support** - in digital format, maximum ten images

**CV**

**\*Are you a KIAC Member in good standing: YES/NO**

If no, please update your membership before submitting your proposal.

Name:

Signature:

Date: