

ICCA Proposals

Title of Workshop: _____

Artist Name: _____

Link to artist website: _____

Mailing Address: _____

Email: _____

Phone: _____

Description of
Workshop: _____

(Provide several sentences for publicity)

Media: _____

Teaching Experience: _____

Length of Workshop: _____

Requested Dates: _____

Suggested Price: _____

(ICCA members receive a 10-20% discounted price. ICCA fee is 25% of the total collected.)

Minimum to Maximum Number of Students: _____

Age Level: _____

(IMPORTANT-If minors under 18 are included, you must agree to provide a background check.)

I agree to a background check: _____

Workshop or Class Skill Level: _____

Special Equipment or Facility Needs: _____

Please attach an image for publicity.