

Artists' Garden Cooperative, 345 Balliol St., Toronto, ON. M4S 1E
FAX 416 487 2917 Email: admin@artistsgardencoop.com

Studio Art Instructor
JULY & AUGUST 2009

Artists' Garden Cooperative

PROPOSAL / AGREEMENT FORM

Please complete the form and sign the attached agreement below before returning by postal mail or fax. **DEADLINE FOR PROPOSAL IS April 15, 2009.**

Artist Name: _____

Workshop Description

Workshop

Title: _____

Duration: **Half-Day Workshop**

Time AM: 9:30 – 12:30 _____

OR Time PM: 1:30 – 4:30 _____

OR Full Day

Workshop Time: 9:30AM – 4:30PM _____

Preferred Date(s) between July 2 and August 29 /09

Workshop Activity

Briefly Describe Outcome/Product /Goal

Briefly Describe Process or Activity:

Equipment/ materials Supplied by Artist:

*Materials fee to be paid per student(based on a minimum of 4 students):_ \$ _____

(*amount to be collected by instructor at the workshop)

Artist Honorarium(check one) : \$100 - 1/2 day _____ OR \$200 – full day _____

Registration # in workshop – MAX = 8

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Artists' Garden Cooperative

2 Contact Information

- Name: _____
Address: _____
_____ Postal Code _____
- Telephone (day): _____ Telephone (evening): _____
- Fax: _____ Email: _____

PROPOSAL AGREEMENT – Studio Instructor

For Artists' Garden Cooperative Education in the Arts, 2009

Please read carefully and complete the following application agreement.

Keep a copy for reference.

Return a signed copy by FAX or postal Mail with the workshop proposal.

TERMS AND CONDITIONS

I agree to lead workshop(s) / seminar(s) for the Artists' Garden Cooperative under the following conditions:

- 1. I will honour workshop dates and times and descriptions (based on confirmation and consultation with the registrar) published for my workshops in program publications.
- 2. I will accept an honorarium as compensation or fee as outlined in the proposal form above.
- 3. I understand the policy for cancellations stated in the "call for workshop proposals and instructors."
- 4. I will undertake mindful planning for the health and safety of learners in my workshop.
- 5. I understand all registration for workshops will be administered by the Registrar, Artists' Garden Cooperative.
- 6. I understand the Artists' Garden Cooperative supports equity in opportunity for learners.
- 7. I understand I will be requested to release the use of photo and text documentation of my workshop activities for promotional purposes.
- 8. I/we release the Artists' Garden Cooperative and the Committee for Visual Education from any responsibility for lost or damaged equipment during my/our participation in the Artists' Garden Cooperative Education in the Arts, 2009 program.

Dated: _____

Artist/Instructor's Signature _____