



APPLICATION FOR TEACHING CLASSES AT STUDIO 7

*Contact Colleen VanSteen, 937-654-6618 or
Mail to: Studio 7, 7 E. High St., London, OH 43140*



INSTRUCTOR NAME: _____

ADDRESS: _____

PHONE: _____ **CELL:** _____

EMAIL ADDRESS: _____

CLASS INFORMATION: (please be as specific and as brief as possible including class title, description of class, preferred dates/days and times, best contact number for you for sign up, cost of class, and cost of supplies, min or max number of students.)

TITLE: _____

DESCRIPTION: _____

BEST CONTACT #: _____

TIMES: _____ **COST:** _____

DATES/DAYS: _____

MIN/MAX # OF STUDENTS _____

INSTRUCTOR BIO: (on a separate sheet of paper briefly tell a little about yourself. Please include education/training, experience in teaching, and any other information pertinent to you instructing this class. We would also like you to attach a photo of yourself.)